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EDITORIAL COMMENT

THE CLOSING WEEK OF THE TUBERCULOSIS CONGRESS

Miss Dock's account of the nurses' session of the congress is given as the leading article in this Journal. Following the week of the section meetings, the exhibit remained open until the evening of the 19th when, at 8.45 P.M. the Sixth International Congress on Tuberculosis was formally closed by brief addresses by Dr. John S. Fulton, the secretary-general of the congress, and Dr. Henry G. Beyer, chairman of the committee on exhibits. It was shown that this congress was by far the largest ever held. The paid up membership of the French congress, held three years ago, was 3200, while that of this congress is 6500. During the last week of the congress, a special educational crusade was carried on among school children and the employees of the different business houses of the city. Classes of school children, led by their teachers, were constantly seen marching to and from the building and groups of workmen were excused by their employers to inspect the exhibits and listen to short lectures prepared to meet their special needs.

CARE OF THE INCIPIENT PATIENT

From all that has been said and written on the subject of care of the early cases, we make the following suggestions as being the most practicable. These briefly stated are: that this work shall be carried on as a part of the regular service of the *already existing* general and city hospitals. In the light of our greater knowledge, special wards and tent additions for tuberculosis patients can be established and maintained without danger of infection of other classes of patients or of employees. The expense of administrative buildings and officers would thus be saved. The burden would be distributed throughout the states and country gen-

erally, and vastly greater numbers of people needing care could be gathered in for treatment during the curative period.

The prejudices of the common people against "consumptive hospitals" and "camps" have to be reckoned with. It is reasonable to expect that a patient will consent to go to a hospital in his own city, with which perhaps he is already familiar, and where his family may visit him, when he would refuse absolutely to go to a state institution at a distance or to a "consumptive hospital" in his own town, where to have been a patient practically brands him as unsafe.

With such a plan for the care of the incipient patients, all the powers of the city and state could be concentrated upon the segregation of the advanced cases for the protection of society, by gathering them into special hospitals, when humanely possible, or by placing them under the supervision of nurses maintained at public expense.

Education to be most effective must be directed toward the enlightenment of legislators, public officials, hospital managers, and the great rank and file of doctors and nurses. The inspiration of the Washington congress will be far reaching, but it will penetrate slowly the prejudiced minds of thousands of public officials who control the situation in their own locality, especially in the smaller centres. Public sentiment must not only be aroused but kept alive, and we know of no more influential factor in doing this than the well-informed private duty nurse.

THE NURSING SECTION PAPERS

The papers read on the special nurses' day at the congress will be printed in our pages, beginning in this issue, and during the coming months. We only regret that it does not seem expedient to give them all in one number. They will also be found in the official report of the Congress, copies of which may be obtained from Dr. Fulton at Washington. The price will be five dollars to those who were wise enough to pay for them in advance, but to those who did not it will be a good deal more, as it is found to occupy several large volumes.

THE WEST VIRGINIA STATE MEETING

THE editor was the guest, on the 14th of October, of the Graduate Nurses' Association of West Virginia, which held its third annual meeting at Fairmount. The journey from Washington directly west over the Blue Ridge and Allegheny Mountains was one of rare beauty, made doubly glorious by the tints of the autumn foliage. Fairmount is a little city of something less than 40,000 inhabitants, built on five hills,

on either side of the Monongahela River and is in close proximity to one of the greatest mining sections in the country.

Between sixty and seventy nurses gathered here from all over the state, and they were a very representative group of women. State registration was secured in West Virginia a year ago, and there was but little business to occupy the time. The papers were of a high order of excellence.

It will be remembered that the bill of the West Virginia nurses was vetoed by the governor after passing both houses of the Legislature because of the fact that women in that state are debarred from holding office, not being voters. During the session of the last Legislature an amendment to the constitution was carried through both houses and will at the coming elections be referred to the voters which will open the way for women to hold office. The governor referred the bill for state registration back to the Legislature and in place of the five nurses signified, "five persons" was substituted. The first board of examiners was composed of physicians, but if as a result of the referendum, the constitution of the state is changed, nurses may be appointed on the board without their bill having to be amended.

The last afternoon of the sessions was given over to the meeting of superintendents and head nurses of training schools. The problems in West Virginia are practically the same as those of the older nursing centres ten or fifteen years ago. The variety of experience for training in each hospital is limited, especially as so much of the work is in connection with the mines and largely surgical. The custom of sending nurses out to earn money for the hospital is almost universal. There is no limit to the amount of time a nurse shall spend outside of the hospital. The fact that nurses must hereafter be prepared for a state examination is beginning, however, to have a wholesome effect and there is a genuine awakening to the necessity for a more thorough and regular instruction on the part of all concerned.

The social features were a reception at the Cook Hospital on the first evening, when Mrs. Kendall, as superintendent of nurses, was the hostess of the evening, and a gathering at the miners' hospital on the second evening, Miss Vernon the hostess, where part of the time was given up to papers on tuberculosis. Miss Naomi Simmons presented a carefully prepared paper on "The Nurse's Place in Anti-tuberculosis Work." Dr. MacDonald, the superintendent of the hospital, who had attended the Tuberculosis Congress, made a most careful and interesting report of that convention, giving his own impressions and quoting extensively from the papers of the leading speakers. He made his address

especially interesting and valuable to the nurses by giving a description of the nurses' meeting and quoting from many of the papers read there.

A copy of Miss Dock's report, which appears in these pages and which the editor happened to have with her, was listened to with great interest by those present who had been most anxious to hear the result of the nurses' day.

The meetings ended with a trolley ride over to Clarksburg, all the way through mining country, where, unlike most mining regions, there is little external evidence of the work going on beneath the ground. The hills are unbroken, and the little villages of miners' cabins in the valleys are most picturesque as seen from the railroad.

The inspiration of the West Virginia association has come largely from Mrs. Lounsbery, who, as a former pupil and superintendent of the Homeopathic Hospital of Brooklyn, and the wife of a physician of Charleston, has been the leading spirit in the state work. To find so far from the great centres so enthusiastic a group of nurses, bent upon the elevation and advancement of their profession, is most inspiring.

A LAYMAN'S VIEW OF HOSPITAL WORK

UNDER this heading, Mr. J. Ross Robertson, of Toronto, Canada, gave some excellent advice at the recent meeting of the American Hospital Association. Most women who have been at the heads of hospitals and training schools for some years have had occasion to meet Mr. Robertson and will feel indebted to him afresh for his fair understanding of their difficulties. He said:

"My information and my experience point in the direction of small boards of management. Given a first-class superintendent, man or woman, to look after the work in the surgical and medical sides; a lady superintendent for the training school for nurses—if there be one—and a manager to cover the business end—all these under a small board of four or five trustees who are interested in the work, should suffice for the management of any hospital on this continent.

"There should be no interference by a lay board with the work of the medical staff, and likewise there should be no interference by the medical staff with the business management of the hospital. There is a proper way of adjusting difficulties, and so avoiding friction. Whatever is wrong can readily be righted when the entire facts are laid before the board or committee of management. Cases can be cited in Great Britain and on this continent where this clashing of interests has led

to disaster. Small boards and competent subordinates in management have worked out best in hospital work.

"There is no use for hospital managers being blown about by every wind of doctrine. Every special theorist must not be allowed to have his finger in the pie, exploiting his pet fads at the expense of the hospital.

"In all hospitals where there are training schools for nurses, the management of these schools is, as you all know, in the charge of a lady superintendent.

"It has often occurred to me that these women who hold such responsible positions do not get, in some cases, the cheerful consideration they should get from medical superintendents and boards of trustees.

"In fact, I know of cases in parts of this continent where, to use a familiar expression, the lady superintendent has "a hard time." I have had the pleasure of meeting the lady superintendents of the continent in the annual meetings of their association, and in very many of the hospitals in which they are engaged in their work of training and caring for the nurses of their schools. My opinion is that no class of women engaged in hospital work deserves more kindly treatment and encouragement than they do. The pathway of their work is not one strewn with roses and should be made as pleasant as possible by kind words and attention and consideration to the suggestions they have to make to better the condition of their pupils and to improve the routine of the daily labor that falls to their lot."

NATIONAL RESOURCES

We have all been made aware, by uncomfortable personal experience, in whatever part of the country we may have spent the summer, that there has been a long period of drought, unprecedented in late years, accompanied by ruinous forest fires, in Canada, in our own northwest, and in the Adirondacks. All thinking persons will remember the warnings which they have heard again and again, of late years, that with the rapid cutting away of the forests both drought in the summer and floods in the spring are to be expected. The great use of the forests in conserving and regulating the water supply is that they act as a sponge, gathering and hoarding moisture, and letting it forth gradually as it is needed; but with no forests, the water is released in torrents at the time of melting snow in the spring, and there is drought later.

Another indirect but very interesting use of the forests is in conserving public health as is pointed out in a bulletin issued by the

Forestry Department, in which the deductions of Professor Irving Fisher are given. We quote in part:

"This subject of the economic value to the country of a general raising of the average health came up in the Governor's Conference at the White House in May. Dr. George M. Kober in his speech on the 'Conservation of Life and Health by Improved Water Supply' at the conference presented figures which showed that the decrease in the 'vital assets' of the country through typhoid fever in a single year is more than $350,000,000. Typhoid is spread by polluted water largely so that the death-rate from this disease can be directly reduced by the purification of city drinking water. Dr. Kober quoted statistics to show that the increased value of the water to the city of Albany, where the typhoid fever rate was reduced from 104 in 100,000 to 26 by an efficient filtration plant, amounts to $475,000 a year, of which $350,000 may be considered a real increase to the vital assets of the city. Census Bureau figures show that the average annual death-rate from typhoid in cities with contaminated water supplies was reduced from 69.4 per 100,000 to 19.8 by the substitution of pure supplies.

"Dr. Kober cited estimates showing that the average length of human life in the sixteenth century was between 18 and 20 years, and that at the close of the eighteenth century it was a little more than 30, while to-day it is between 38 and 40—indeed, the span of life since 1880 has been lengthened about six years."

The control of our natural water supply would, of course, result in purer water, for there is more danger in low water with a feeble current than in a full stream with a good volume.

Every nurse should be interested in problems affecting the public health and she should be ready to do her part in the campaign by spreading such necessary knowledge among the people. When public apprehension is thoroughly aroused, there will be a better chance for forest preservation. Here are a few condensed facts from another forestry bulletin for the benefit of those who are almost unacquainted with this problem.

"In the last ten years," says the Yearbook of the Department of Agriculture for 1907, "forestry has advanced in this country from an almost unknown science to a useful growing profession. In that time the number of technically trained foresters has increased from less than a dozen to over 400. Ten years ago there was not a single forest school in the country; now there are several professional forest schools which rank with those of Europe, and a score more with courses in elementary forestry whose usefulness is steadily growing. The number of States

which have State forests has increased from 1 to 10, and of those which employ trained foresters from none to 11. The membership of forest associations has increased from 3600 15,000.

"And yet American forestry has only safely passed the experimental stage and got ready to do something. Action, immediate and vigorous, must be taken if the inevitable famine of wood supplies is to be lessened. We are now using as much wood in a single year as grows in three, with only twenty years' supply of virgin growth in sight. Only the application of forest knowledge with wisdom, method, and energy, in the next ten years, can prevent the starving of national industries for lack of wood.

"The wood lot offers an excellent opportunity for the practice of forestry. It is accessible enough to allow of moderate cuttings at frequent intervals, and it may be protected from trespass and grazing, and from fire, its chief enemy, without an elaborate scheme of defense; then taxation is not a great burden, because the revenue from farm supplies more than meets this item every year, and thus prevents the accumulation of interest. In New England, New York, and Pennsylvania great interest has been taken in planting white pine and other species."

THE NATURE OF SHOCK

Dr. Charles H. Lemon, of Milwaukee, contributed to the *Yale Medical Journal* for June an article on this subject, illustrating not only the extensive and severe shock which we associate in our thoughts with the term, but the shock following intense fright. He illustrates it by the supposed case of a man in a railway accident who is without injury and who at first seems perfectly well, but after his return to his home, "the man is quiet, the exaltation of mind has disappeared, the pulse is rapid and he is overtaken by a feeling of fatigue. Reaction begins, he becomes conscious of pain in various parts of his body, he is nauseated, the extremities are cold though not bathed in perspiration; and if the accident has followed shortly the ingestion of a meal, he vomits. Six hours later there is a slight rise of temperature and the patient has a restless night. The following day the tongue is coated, there is headache, the face is flushed and may appear swollen, there is complete loss of appetite, there is pain in the small of the back, between the shoulder-blades, and at the base of the skull. The patient is irritable, he is anxious about his business affairs and almost without exception his bowels fail to move The assurance of the previous day that he was not injured, gives place

to a despondent fear that he is seriously injured and that his condition will become progressively worse."

These symptoms are explained as due to the severe disturbance of the nervous system, causing circulatory disturbance and arrest of the normal secretions of the body, and the physician has a case of auto-intoxication to deal with. In the frequent cases of this kind which a nurse has to meet alone, she can act more intelligently in relieving the symptoms, if she bear in mind what the condition really is.

Dr. Lemon thinks more attention should be given to such states which are often treated slightingly at first. Cases of serious depression and even of death have followed extreme mental disturbance even where there has been no accompanying injury.

CHOLERA

How many of us know anything definite about cholera? We think of it as a scourge of unclean countries, one that flees before civilization, but most of us have never seen a cholera patient and do not know, even vaguely, what the symptoms and treatment are.

The *British Journal of Nursing* for September 26 contained a very interesting article on this subject, quoted from the *British Medical Journal*, and written by Mr. R. W. Burkitt, F.R.C.I., a man who signs himself as coming from Lower Assam, and who has evidently had first hand dealings with cholera, so that he knows whereof he speaks.

Cholera begins with violent diarrhœa, accompanied by colic and cramps, and very quickly by vomiting. Through the vomiting and diarrhœa immense quantities of water are thrown off from the system, and great prostration comes rapidly. The vomiting and diarrhœa continue until there is utter collapse. Nothing can be retained by mouth or by rectum. Death comes rapidly, often in eight or ten hours from the onset of the disease; with children, it may occur in two hours.

Mr. Burkitt treats his patients with hypodermic injections of morphia, gr. ¼ to ⅓, one dose being usually sufficient to give the needed rest. As soon as there is sufficient quiet he gives the patient enormous quantities of water to drink, to replace that lost, and this constitutes the whole treatment. If a patient is already in collapse when first seen it may be necessary to give an intravenous injection of salt solution. Since beginning this method of treatment, he has not lost one patient of those he has seen in the early stages, while the mortality of untreated cases is as high as 95 per cent.

THE NAVY NURSE CORPS

ESTHER VOORHEES HASSON, the newly appointed head of the Navy Nurse Corps, graduated ten years ago from the New Haven School for Nurses, and since that time has divided her time about equally between institution work and private duty. She was one of the first army nurses, serving on the hospital ship *Relief* during the Spanish-American War, and afterward in the Philippines. She has recently been one of the nurses at Panama.

She comes from a line of ancestors distinguished in the service of their country, two great-grandfathers having been in the colonial and revolutionary wars; her grandfather was in the army, her father was an army surgeon, and her brother is in the Revenue Marine Service. As a child she wished to be an army nurse, inspired by family tradition and by Miss Alcott's Hospital Sketches. Though naturally proud of her "fighting ancestors" she made no mention of them until after her appointment was secure, wishing to be judged wholly by her nursing methods.

Having proved herself equal to official responsibility in government service, and being used to the management of graduate nurses, there is no doubt that the choice is a happy one. The first nurses to be enrolled will number about twenty, two examinations having been held. The plan is "to expand the corps very gradually and make most careful selections of the nurses." Of those first appointed, Miss Hasson writes:

"The names of those already in the service together with the schools from which they were graduated are as follows:

"Elizabeth Leonhardt, Protestant Episcopal Training School, Philadelphia, Pa.; Clare L. Deceu, Buffalo General Hospital, Buffalo, New York; Ada M. Pendleton, Garfield Memorial Hospital, Washington, D. C.; Elizabeth J. Wells, Garfield Memorial Hospital, Washington, D. C.; Mary H. DuBose, Lane Hospital, San Francisco, Cal.; M. Estelle Hine, ex-army nurse, Northwestern Hospital, Minneapolis, Minn.; Sara M. Cox, ex-army and Spanish War nurse, Boston City Hospital, Boston, Mass.; Florence T. Milburn, Children's Hospital, Boston, Mass., with training at the Massachusetts General and post-graduate training in the Corey Hill Hospital, Boston, Mass.; Mrs. J. H. Higbee, Post-Graduate Training School, New York City, and Bellevue and Allied Hospitals, New York City; J. Beatrice Bowman, Medico-Chirurgical Hospital, Philadelphia, Pa.; Della V. Knight, ex-army nurse, German Hospital, Brooklyn, N. Y.; T. B. Small, Johns Hopkins Hospital, Baltimore, Md.; Elizabeth Hewitt, Spanish War nurse, Columbia and Children's Hospital, Washington, D. C.

"The first two to receive appointment as head nurses will be, Martha E. Pringle, Protestant Hospital, St. Louis, Mo., eight years in the Nurse Corps of the U. S. Army as nurse and head nurse, and Victoria White, St. Luke's Hospital, South Bethlehem, Pa.

"Miss White has for seventeen years occupied the position of superintendent at the above hospital, Miss Deceu and Mrs. Milburn have also occupied positions as the heads of hospitals and training schools, as have possibly others in the corps. Miss Hewitt was for two years assistant at the Children's Hospital in Washington."

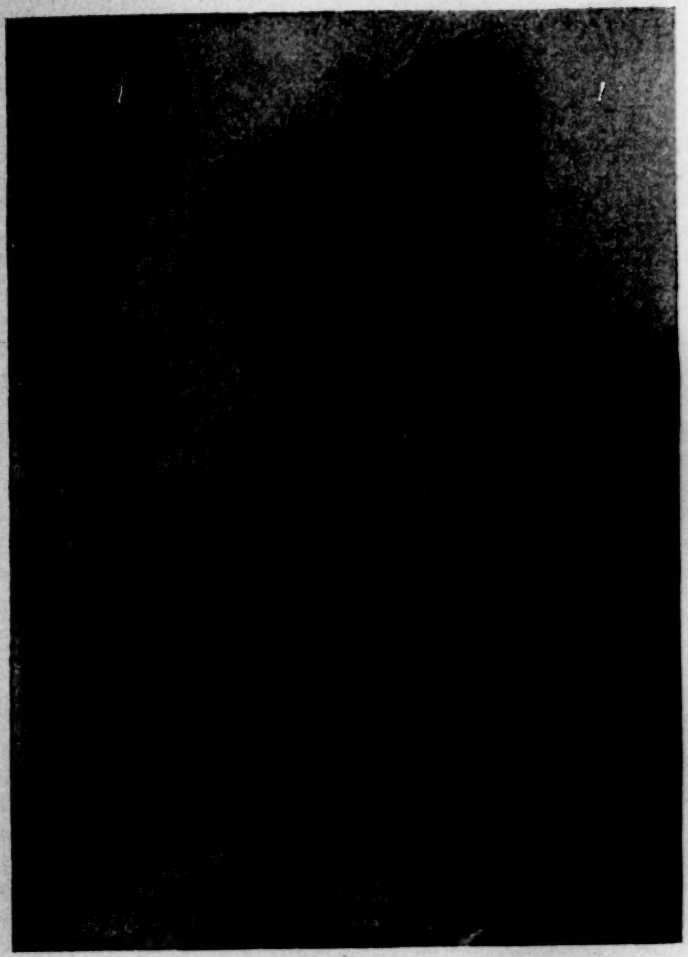
ANOTHER INTERESTING APPOINTMENT

Miss M. Eugenie Hibbard, whose name is closely associated with nursing in Cuba, has received the appointment of Inspectress General of Nurses of the Island of Cuba. This position has just been created, being provided for in the budget which received official recognition during July. Just before sailing for Cuba on October 3, Miss Hibbard wrote a little sketch of the new office.

"The obligations of this duty are to serve in the office of the Department of Charities and to be responsible for all that pertains in relation to the schools for nurses of which there are seven in the island—two in the Capital (Havana), one special in Mazarra, one in each of the following provinces: Matanzas, Cienfuegos, Camoguey, and Santiago de Cuba; at the convenience and under orders of the Department to make inspections or investigations of whatever hospitals employ the services of graduated nurses; to keep a complete register of all nurses, whether student or graduate nurses, and of everything which relates to nurses or nursing."

Miss Hibbard's name is familiar to many JOURNAL readers, as a Spanish-American nurse, as having accompanied the hospital ship *Maine* to South Africa, an account of which she wrote for the first numbers of our magazine, as superintendent of a hospital in Havana, and later at Panama.

Both Miss Hibbard and Miss Hasson seem to have been unconsciously preparing themselves for their present responsible positions.



ESTHER VOORHEES HASSAN, CHIEF NURSE IN THE UNITED STATES NAVY.

THE INTERNATIONAL CONGRESS ON TUBERCULOSIS IN WASHINGTON

By L. L. DOCK, R.N.

Secretary of Nurses' Session

Before trying to describe the wonderful success of the Congress, especially as to our interest, the special session for nurses, it is proper to emphasize once more that the credit for this unique recognition of nurses as important factors in the warfare against tuberculosis is due to Miss Adelaide Nutting, formerly of the Johns Hopkins Hospital, now, as everyone knows, at Columbia University in the Chair of Institutional Management. Although a few individual nurses would have been placed on the general program through the action of Mr. Devine, no special recognition of them as a body had been planned or even thought of by the men who were organizing the congress. Miss Nutting, realizing their actual importance in tuberculosis work and foreseeing its great extension, was determined that conspicuous recognition should be given to them in this congress, and the result of her far-sight and energy was the special session held on Thursday, October first, which must be marked with a white stone in our history. The session was one of the regular program of Section V under Mr. Devine's presidency, "The Economic and Social Aspects of Tuberculosis." The Chair, however, for the morning, was yielded by Mr. Devine to Miss Lillian D. Wald, who inspired the gathering with a special feeling of interest.

That the meeting went with a swing may be judged by the fact that some fifteen or sixteen papers were read, and a little time was even available for discussion. The papers were short and practical and intensely interesting. They dealt with every phase of nursing work as regards tuberculosis and excited general attention. Indeed we heard some remarks to the effect that the nursing session was the most interesting of all the meetings. A goodly number of nurses was present and the room was filled to its utmost capacity with a general audience. At the end, Mr. Devine himself, Dr. Fulton, the secretary-general, and a number of other physicians shared in the discussion.

From the standpoint of the advance of the nursing profession it was most inspiring and gratifying to see the splendid array of young and enthusiastic women who presented their papers, and to realize how extremely intelligent and thoughtful they were on all the social and economic questions underlying the strictly medical and nursing aspects

of the great white plague. Their papers were by no means simply nursing papers, nor limited to the mere work of a nurse with a patient. They were also valuable contributions to the deeper social questions which were throughout made prominent in Section V. To an observer who can look back twenty-five odd years and compare the general knowledge of nurses of social conditions at that time, as related to problems of sickness and health, with the all-round, well-balanced intelligence of the young nurses who presented papers at this congress, the contrast is most encouraging, for one realizes that, after all, in spite of obstacles and discouragements an immense advance has been made in the broader education of nurses.

The first paper was read by Mrs. VonWagner, of Yonkers, who gave with her accustomed energy an account of the opportunities of a sanitary inspector to assist in the tuberculosis propaganda. It had been hoped to have some discussion upon the policy of the New York Tenement House Department which forbids its inspectors to do any personal teaching of tenants, but this was not forthcoming. Miss Elsie T. Patterson, of the Vanderbilt Clinic, described the methods of disinfection in tenement houses of New York City. Miss Marie Phelan, of Rochester, in a very frank and outspoken paper, detailed what is *not* done in the disinfection of houses in cities. Miss Bertha L. Stark, in an exceedingly well-prepared paper, described the very interesting work that has been recently developed in the public schools of Pittsburgh in teaching the children preventive hygiene as to tuberculosis.

That we may in the future expect large and systematic extension of nurses' work in the tuberculosis campaign was to have been emphasized by accounts of the staff of nurses employed by a large city (New York) and that under a state department (Pennsylvania), where there are now county dispensaries for tuberculosis in every county of the state, and where nurses, at present connected with about half of these dispensaries, are to be finally placed in each one. These two papers, however, were only read by title as was also a paper presented by Dr. Jay Perkins on the District Nurses' Association in Providence. From Denver came a paper on the attitude of the modern district nurse to tuberculosis, sent by Miss Florence Smithwick, superintendent of the Visiting Nurses' Association. An excellent and suggestive paper on "Sanatorium Atmosphere" was read by Mrs. F. R. Burgess, who has developed the Gaylord Farm Sanatorium to great perfection. Miss M. A. Gallegher, of Boston, discussed the discharged sanatorium patient, a paper with important side-lights upon social conditions. Mrs. M. E. Hoffman, of White Haven, Pa., herself a cured patient, now a nurse,

wrote on the personal hygiene of the patient. Miss S. F. Robbins had a paper full of practical and useful information on day-camps. In the absence of Miss Frances Hostetter, her paper on the tuberculosis class in the Presbyterian Hospital in Philadelphia was read by title. Miss Edna L. Foley, of Boston, wrote on home teaching. Miss Ida Cannon, head-worker of the Social Service Department in the Massachusetts General Hospital gave a comprehensive paper on tuberculosis classes and social service work. The importance of nursing and supervision of advanced cases of tuberculosis was one of the clarion calls of the morning, read by Miss Fulmer, superintendent of the Chicago Visiting Nurses' Association. Miss Anne K. Sutton, superintendent of the Phipps' Institute Training School for Nurses, then gave an account of the training in tuberculosis nursing which is given to cured or improved patients who are adapted for this branch of work. The Institute gives these young women a certificate of competence to nurse just this one class of cases, and they never undertake general nursing. As employment in sanitaria opens to these young women means of self-support as well as providing the patients with sympathetic and specially trained attendants, general sympathy was felt for this branch of Mr Phipps' philanthropic work, though it is doubtful whether in justice to themselves they should be placed on private duty or indoor hospital work.

Mrs. Lupinsky, of Michigan, who had hoped to prepare a paper on the need of special training for tuberculosis nursing—a subject which she feels is highly important—was prevented by press of work from sending her paper. However, the fact that the technical side of nursing in tuberculosis has been developed to a highly specialized degree and that nurses with a general training only are therefore often quite at sea when first taken into sanitarium work or private duty, was made evident by some of the papers and discussions. On this point Mrs. Gretter of Detroit, in a written discussion, urged more thorough training in sociological knowledge. The subject of home occupations and its dangers was strikingly presented by Miss Mabel Jacques, of the Visiting Nurses' Association of Philadelphia, and the tuberculosis nurse as a social worker was described by Miss E. P. Upjohn, of Boston. "The True Function of the Tuberculosis Nurse," read by Miss Lent, superintendent of the Visiting Nurses' Association of Baltimore, closed the session, and excited general discussion. Other papers of great interest which came in too late to be read were one on "Tuberculosis in Rural North Carolina," by Miss Holman; "Tuberculosis among the Indians," by Miss Carter; "Tuberculosis in Japan," by Miss San, and one on the advanced case by Miss Cabaniss. There was an interesting account of the first

sanitarium in Italy, sent by Miss Amy Turton, of Florence, and a paper on "Instructions to Consumptives," by Sister Hertha Leibjschel, of Berlin.

Aside from the nurses' special session, several papers were read by nurses in other sessions of Section V. Miss Wald, of the Nurses' Settlement in New York, gave "The Social Significance and Educational Value of the Nurse in Tuberculosis Work." Mrs. Robb discussed "Woman's Responsibility for the Prevention of Tuberculosis," and Miss La Motte, of the Baltimore Visiting Nurses' Association, read a paper on the "Unteachable Consumptive," which attracted a great deal of attention.

The exhibits of the congress were of wonderful interest. It is considered that on the whole the exhibit was the most comprehensive and most instructive that has ever been brought together, even although, by the bad management of our Customs Houses, the exhibits from several foreign countries were not even unpacked.

Of strictly nursing exhibits there were some very interesting examples of which the Baltimore and Philadelphia Visiting Nurse Associations were in the first rank. The Baltimore nurses concentrated their efforts on demonstrating the social problem of the unteachable and careless consumptive which was also so ably and frankly treated in their papers. A striking set of charts showed the extremely small number of those who were classed as adequately careful and therefore not a source of danger to their families, the slightly larger number of those who were fairly careful, the very large number of those who were careless and the number, still alarmingly large of those who were grossly careless and thus undoubtedly a great source of danger to their communities. The argument made by the Baltimore nurses for compulsory segregation was thus strongly supported. Very impressive also was their showing, out of three thousand patients that exactly one-half were on, and the other half below, the poverty line. Their charts also showed that a large proportion of the cases are found by the nurses themselves, namely 20 per cent., while 50 per cent. came from dispensaries and 9 per cent. from physicians.

The Philadelphia Visiting Nurses' Association showed an admirably arranged life-size exhibit of a room as found with a tuberculosis patient in the last stages in bed in the kitchen where his mother, a colored woman, was doing fine laundry work. The contrasting room showed what they succeeded in doing in this case. Their whole exhibit was most instructive as to the social problem. Miss Jacques was in charge of the exhibit, and her paper on "Home Occupations" was a valuable contribution.

The exhibit from Providence also showed a horribly life-like model of a dark, unwholesome bedroom with the same re-arranged. The Brooklyn Bureau of Charities had some interesting photographs of their nursing work showing many ingenious adaptations of porches, roofs and windows for the open-air treatment. The Boston nurses demonstrated their dispensary work.

The attempt to describe the exhibit as a whole would go far over our space, but I may note the photographs of the out-door workshops at Saranac where the patients work out of doors in midwinter at tables which are heated by hot water pipes. The model window tents and various contrivances for living out of doors were numerous and all had some points of interest, especially those from Colorado and the western states.

It must be regarded as a special feather in the nurse's cap that of the five women among the seventy men of the General Committee on Awards, one was a nurse, Miss La Motte. She was placed on a subcommittee for judging the laws of municipalities, states and nations in regard to the control and prevention of tuberculosis. Another interesting instance of the growth of popular interest in this subject was that Miss Mary Riddle, superintendent of the Newton Hospital, was sent to the congress by the town council of Newton Lower Falls, in order to study the subject and bring home information. Some eighty odd nurses registered at the special session and many of them were present throughout the whole week.

The district nurses of Washington gave a delightful reception, at their home, and the District of Columbia Association entertained all the visitors at an evening reception at Garfield Hospital. There we had the pleasure of meeting Miss Hasson, the newly appointed chief of nurses for the navy. Miss Hibbard was present at the earlier sessions of the congress, before her departure for Cuba. It was a disappointment that Mlle. Chaptal, who had been expected, was unable to leave Paris. Dr. Rist, one of the French physicians who came to our meetings in Paris, looked in at our special session for a moment.

The week was closed by a reception at the Johns Hopkins Hospital in Baltimore. Even without going to the medical sessions we had the opportunity of hearing the great Dr. Koch. He came twice to Dr. Devine's section, speaking on popular education and on the institute now being founded in Berlin and named in his honor.

ANTITUBERCULOSIS WORK IN THE PITTSBURGH PUBLIC SCHOOLS*

By BERTHA L. STARK, R.N.

The value of public education in antituberculosis work can hardly be over-estimated since it is to an enlightened public we must look for the prevention and control of this dread malady. Much has been said and written on the best methods of this sort of education and the systematic campaigns carried on in some of our smaller cities, such as Yonkers, as well as in New York, Boston and Baltimore, are surely examples of the best methods and are most encouraging in their results.

While the educational work in Pittsburgh has never reached the degree of organization found in many other cities, it does have one feature which is absolutely unique and can be recommended as a very satisfactory means of education; that is, an attempt to give systematic instruction in the cause and prevention of tuberculosis to school children.

In Dr. Trudeau's address at the first national convention he advocates teaching the public school children the main facts relating to the transmission of tuberculosis, and hygienic measures of prevention. If many tuberculosis infections have their inception in childhood and remain latent until some period of lowered vitality, we can hardly teach children at too early an age hygienic measures of prevention.

Surely, if every school child in our city could be taught the simplest facts of preventive medicine, and urged to tell his parents why it is best to boil the drinking water, why certified milk, though more expensive, is cheaper in the long run, and why we have anti-spitting and disinfection laws, the public health would be benefited in proportion to the enthusiasm of the teaching. For too many years effective legislation with regard to municipal hygiene has been thwarted because the people ask not "how many lives will this law save?" but "how much money will it cost?" Teach the children that a pure water supply is cheap at any cost; that effective tenement house inspection will lower the death-rate; that municipal parks where the people of the crowded districts may breathe fresh air, are cheaper than municipal hospitals to care for the sick, and you have done much to teach the future lawmakers of the city that health is of more importance than money.

It is a difficult undertaking for an organization with absolutely no

* Read at the International Congress on Tuberculosis, Washington, D. C.

connection with the city's school system, and the Tuberculosis League of Pittsburgh has none, to introduce into the schools talks on a disease, and particularly such an objectionable disease as tuberculosis. In the first place it seems to be generally thought that a greater knowledge of this malady will create a greater fear of contracting it, a fear almost amounting to a phobia. What little reason there is for this fear is overcome by omitting all discussion of symptoms, and symptoms are in no way an essential topic in a talk on the cause and prevention of tuberculosis. Another difficulty encountered is the fact that any talk on the prevention of this disease must deal with the proper disposal of sputum, and this subject must be approached with the greatest care or the children become disgusted. Every school teacher knows that too vigorous denunciation of a habit often encourages it. To say to a child "don't spit on the sidewalk," and to be continually reiterating this command, is often the surest way of making him break it.

Even if these obstacles of presenting the subject were overcome there remained the greater one,—that of obtaining permission to enter the schools. Pittsburgh is divided into forty-three school districts and each district is governed by its own school board. There is a Central Board of Education, but it has little power over the individual districts. The Tuberculosis Hospital is not widely known in educational circles; the very idea of talking about tuberculosis in the school room is regarded with suspicion if not with disfavor by many of the boards; the idea that the children are already overburdened with subjects and can ill afford the time to listen to a health talk, has to be controverted; and many boards have to be met and convinced that we are not propagating a money-making scheme; that we are not advertising a patent medicine, and that we will not "waste" more than twenty or thirty minutes of the children's time. The boards, when they fully understand our project, however, are uniformly kind and considerate and help to further the work in many ways.

Our work in the public schools is divided into three parts: lectures, literature and exhibitions.

We have felt from the first that it could have little lasting value without the coöperation of the teachers. We may teach the child the value of fresh air and sunshine, may tell him of dust and its dangers, but unless the teacher emphatically sets the stamp of her approval on what has been said, it will do no good. With this idea in mind we have tried to meet all the teachers of a district at a teacher's meeting before giving any lectures in the school. It has seemed better to meet the teachers district by district rather than in the larger institute or grade

meetings, because where there are only fifteen or twenty present a general discussion often follows the lecture and there is much more freedom than in the larger assemblies. Then, too, members of the school board often attend the meeting and discuss our work and question of school hygiene.

We tell the teachers just what we are trying to do, go over the ground we expect to cover in our school lecture, and try to emphasize the value of fresh air and sunshine and the fact that a well-ventilated school room is the best object lesson of this value. We speak of the best ways to sweep and dust and the absolute necessity of damp sweeping and dusting in the school room. We mention the fact that the public school teacher often moulds the character of her pupil more than any other factor in his life, and that she can do much to teach the love of municipal cleanliness and the laws which make for it. The teachers are, as a rule, alive to the fact that a more general knowledge of preventive measures will do much to stamp out tuberculosis.

After meeting the teachers we talk to the children of the district. In the high schools the lectures were given at the General Assemblies where the number of pupils ranged from three hundred to one thousand, but aside from them, it seemed best to speak to the children in their school rooms. There is less confusion and greater freedom if each child is at his own desk, and the decided break in the day's routine tends to make the child remember what is said.

The subject matter of the lectures remains practically the same in all grades and they are given to all pupils above the third grade, but the manner of presenting the lectures differs in different grades and localities. One may speak quite plainly to a group of children from a mill district of the way infection may be spread by a careless consumptive, but in some of the residence districts the subject has to be approached more carefully. To introduce the matter too abruptly is often to antagonize the pupils and we have found that to designate the lecture "Preventive Medicine rather than "Tuberculosis" gains closer attention.

An outline of a typical talk would be something as follows:

PREVENTIVE MEDICINE:

Examples.—Vaccination to prevent small-pox; boiling impure water to prevent typhoid.

TUBERCULOSIS:

A. Cause, tubercle bacillus.
   1. Where found.
   2. Portals of entry.
   3. Predisposing factors.

B. Prevention.

Healthy bodies.

1. **A simple rule of hygiene.**
2. **Necessity of a pure milk supply.**
3. **Disposal of sputum.**
4. **Enforcement of anti-spitting laws.**
5. **Disinfection of homes.**
6. **Best ways of sweeping and dusting.**
7. **Laws which make for a healthier city.**
8. **Dangers in the use of patent medicines.**
9. **Phthisiophobia—the harm it does.**

In teaching we try to build on what the child already knows, and the value of the talks is greatly increased by the teachers keeping the children interested in the subject and by giving them the card-board folders with instructions to read them carefully and pass them on, and by urging them to repeat at home what they have learned.

The literature consists of two pamphlets, one the card-board folder published by the Tuberculosis Committee of the Charity Organization Society of New York, entitled "Don't give Consumption to Others, Don't let Others give Consumption to You." This has a list of the free dispensaries for treatment of tuberculosis in the city and many patients have been induced to enter dispensary classes through it. The other pamphlet is especially for teachers and is on the cause, prevention and cure of tuberculosis. It has on its inner cover a partial list of the sanatoria in Pennsylvania.

We have five travelling exhibits distributed among the schools. Each one consists of a collapsible wooden frame and easel, canvas to cover the frame, and two wooden boxes each holding twenty pictures. The pictures were chosen with the idea of showing, as graphically as possible, cause, prevention and cure of tuberculosis. Since each exhibit is changed weekly to another school the expense of having an expressman do the carrying would prove great and the one described obviates this. The frame and easel are taken apart and rolled up in the canvas, the whole making a compact bundle which one man can easily carry. The pictures are packed in the boxes and two of our hospital patients carry the exhibit from school to school and set it up.

We began the school work January 13, 1908, and finished June 6. During that time we covered twenty districts, speaking in about 250 rooms and reaching over 10,000 children. Aside from the regular school lectures about thirty others were given at teachers' meetings, church societies, clubs, etc. While the number of children reached seems comparatively small we feel that the work was more thoroughly done than is

possible in large assemblies. In several schools the principals have asked the children to write what they learned from the lectures and the results have been most encouraging. Not only do they have a fair understanding of the cause and prevention of tuberculosis but they often give concrete examples of the harm done by disregarding existing health laws.

If teaching preventive medicine could be made a permanent and prominent feature in the public school work throughout the country we might reasonably expect a diminution in the death-rate, not only of tuberculosis but typhoid and other preventable diseases. The work could be carried on in conjunction with medical inspection which must eventually find its way into all our city schools. The nurse who gives the instructions (and it seems that a nurse is peculiarly fitted for this work) could receive from the doctors, if medical inspection exists, or from the teacher, a list of the children who are suspected of tuberculosis and are not under the care of a regular physician, and lists of those exposed to infection. These cases should be investigated and sent to some regular tuberculosis dispensary for examination and, if tuberculous, come under the care and supervision of a regular visiting tuberculosis nurse. Much could be accomplished by meeting the various school boards, if the school system is like that of Pittsburgh, and discussing questions of school hygiene with them. There is always need for reform along this line and sometimes a brief explanation of the value of damp sweeping and dusting will cause its instalment. Abolition of the common drinking cup is not so easily obtained, but it has been accomplished in several districts. Periodical as well as special disinfection of school rooms can be urged and the ever present question of ventilation discussed. Immediate results cannot be expected, but that results will show in ten or fifteen years we feel reasonably certain.

THE LOCAL USE OF MAGNESIUM SULPHATE IN THE TREATMENT OF ERYSIPELAS, WITH REPORT OF CASES.—The *Therapeutic Gazette* states that with this treatment, the pain and discomfort are relieved in a few hours, the temperature falls to normal rapidly, usually within the first twenty-four hours, and the patient recovers in from two to seven days. The method of application is as follows: A saturated solution of magnesium sulphate is applied on a mask consisting of fifteen to twenty pieces of ordinary gauze; this is covered by some non-absorbent material and kept wet as often as necessary. No other treatment is necessary. The report is based on observations upon thirty-five cases.

HER FIRST CASE

By JEANNETTE M. GARDNER
Graduate of Christ Hospital, Jersey City, N. J.

I was only sixteen at the time, a country girl on a large farm. Our nearest neighbor, an old lady, had just come home from the shore, having staid rather late that year, helping to close the cottage. In the cleaning process she had taken cold. The doctor ordered a nurse, as she was a trifle delirious at times.

Domestic nurses were the only kind we knew of in that part of the country in those days. Frequently our nurses were kindly neighbors who helped tide us over the critical times. When the nurse arrived (how well I remember her, she being our seamstress), the patient did not like her, and after a day's stay she was taken home in disgust. I, in my ignorance was pressed into service.

At eleven o'clock at night the patient ordered a hot bath for herself. Every one was in bed, but I set about getting it ready, started a wood fire in the kitchen stove, put the water on in kettles, pots and wash-boiler, put bricks in the oven, and started up the sitting-room fire; my patient's room and the sitting-room joined. I brought two laundry tubs (wash-tubs we called them) into the sitting-room, and placed a narrow board across one tub on which my patient was to sit. Then I half filled each tub with hot water. The patient sat on the board with her feet in the second tub. All about the tubs and patient were draped homespun blankets and patch-work quilts. When she had steamed thoroughly, I scrubbed her all over with a stiff nail-brush. Then I rolled her in a sheet, stretched her on the floor on a bear-skin rug, and patted and pinched and kneaded until I was fearful of results, this form of treatment being unheard of among us. All this while the bricks were heating the bed. The patient then took a copious drink of hot water, went to bed, and slept like an infant until 6 A.M.

The patient directed the whole thing, and I always call it my first lesson in nursing, as she gave a why and wherefore for each step taken. It was because the first nurse refused to give this bath that she had been sent home. The next day the doctor told me nursing should be my vocation as I knew how to humor whims.

In time I trained and properly fitted myself for the work, but I look back on that, my first case, with great pleasure and reverence. I was with that dear soul three months and in many ways she laid a firmer

foundation than she knew. Recently she had my baby sister care for her (it being her first case, too) and now the dear one has passed to the Great Beyond at the ripe age of eighty-three.

SOME POINTS IN THE NURSING OF A FRACTURED FEMUR IN THE HOME

By MARION G. PARSONS
Graduate of the Boston City Hospital Training School for Nurses; Operating Room Nurse in the Boothby Surgical Hospital, Boston

THE care of a case of fracture of the femur falls naturally into two divisions: first, the surgical care, which includes diagnosis, reduction of the fracture, and selection and application of suitable apparatus for keeping the ends of the bone in position; second, the nursing care, which includes keeping the apparatus properly adjusted and promoting the patient's health and comfort in every way so that repair may be uninterrupted and that no complications may arise. The first belongs entirely to the surgeon, the second to the nurse.

To perform the nurse's part successfully she must keep in mind the anatomical condition which exists. When the femur is broken there is a marked tendency of the fragments to slip by or to override each other, due to spasmodic contraction of the powerful thigh muscles. In the treatment of the case the object is to bring the separated ends into apposition and to maintain this position by apparatus strong enough to antagonize the muscular contraction and to keep the limb quiet until union takes place.

Buck's extension apparatus is most frequently used for this purpose. It consists essentially of weights attached to a cord which runs over a pulley and is fastened to the leg by strips of adhesive plaster extending from just above the ankle to the point of fracture. In addition, a T-splint to immobilize the leg and body of the patient, and coaptation splints to immobilize the ends of the fractured bone are used. For old patients, who cannot endure the prolonged confinement in one position, a T-splint to secure fixation without extension or, in extreme cases, sand bags alone may be used. A patient may be very uncomfortable during the first few days from the constrained position and from the strain of the extension, there may be extreme restlessness, pain, and a rise in temperature. The friends are usually much distressed by these symptoms and should be reassured by the nurse, as in a few days the patient becomes accustomed to his condition and all goes

well, except in some cases where the patient is old and feeble. It is not uncommon for old patients to die in a few days from shock or to lie for weeks or months and die from kidney or lung complications, or exhaustion and septicæmia from bed-sores.

If Buck's extension is used it must be kept properly adjusted by the nurse; the sole of the foot must not rest against the foot of the bed because of loss of extension; the T-splint must not become loose and slip up or down or twist to one side; the straps holding the coaptation splints must be kept tight. It should be borne in mind that any displacement of the apparatus for holding the leg will allow corresponding displacement of the fragments of bone and cause delayed union and shortening of the limb. Whatever apparatus is used, the nurse should fully understand what it is meant to accomplish, that she may keep it working properly.

A proper bed is very important. It should be, preferably, of white enamelled iron, three feet wide and standing two feet from the floor, and should have a good firm mattress. If Buck's extension apparatus is used a bed without a solid foot-board will be necessary. The nurse should insist on a bed of this description if one can possibly be obtained; one may sometimes be found in a child's or a servant's room; if not, or if the matter has been settled before her arrival, she will have to make the best of what is to be used. The foot of the bed is elevated about eight or ten inches on blocks, and but one thin pillow is ordinarily allowed. A board a foot wide and long enough to reach across the bed should be slipped beneath the mattress under the patient's hips to prevent sagging of the hips and displacement of the broken ends of the bone. To keep the weight of the bedclothes from the patient's feet a support will be needed. A cradle may be bought at surgical supply houses or one may be improvised from barrel hoops cut in two and nailed to two parallel strips of wood twenty inches long. The cradle should be about eighteen inches high in the centre and wide enough to cover both feet.

The bed should stand near but not facing a light, as strong light striking directly on the eyes is very trying and makes reading, one of the few things these patients can do, difficult.

The bed should be made up with an under sheet, a rubber sheet a yard wide and, for a three foot bed, one and three-quarters yards long, a draw sheet long enough to tuck in well under the sides of the mattress. It should be doubled unless made of a very heavy twilled cotton, as close contact with the rubber sheet increases perspiration and favors the development of bed-sores. If a rubber sheet cannot be procured, "stork sheeting," table oil-cloth or even several layers of newspaper may

be used, but are much inferior. The outer bed coverings may be whatever the season and the patient's habits demand.

In making the bed, the under sheet need not be removed oftener than once in three or four days, as removal necessitates more moving of the patient than does changing of the draw sheet only, and all unnecessary moving is to be avoided, this being the only exception to the hospital rule that *all* linen must be removed from the bed when it is to be made up. Each day the sheet should be loosened all around, crumbs of food, epithelial scales, etc., brushed out with a whisk broom, the sheet drawn smooth and even and tucked in tightly all around. The practice of pinning sheets to the mattress is not a good one as it is almost certain to tear the linen and it is unnecessary if the sheets are large enough to be tucked in.

The draw sheet should be changed morning and night, at least. An absolutely fresh one is not needed each time but two may be kept for use alternately, day and night. Extra washing is the cause of much trouble in most families so the nurse should be economical in the use of linen but *not* at the expense of the patient's welfare. In families where help is limited it is not very much trouble for the nurse herself to wash out a draw sheet which need not be ironed if it is carefully folded, for it is the clean, dry surface that is important for comfort and to preserve the health of the skin.

Changing the bed linen is rather difficult because the patient cannot turn on the side and must be moved no more than is absolutely necessary for proper care of the skin. The only motion permitted the patient is a combination of turning slightly to the injured side while raising the sound side. Sometimes a "Bradford frame" is used and is very helpful, especially for heavy patients. It consists of a rectangular frame of iron piping made six inches longer than the patient's height and wide enough to clear the shoulders. It is covered with a casing of heavy canvas at each end with about eight inches span between the two, in the centre. This space is covered by a piece of canvas eight inches wide and long enough to reach across the frame; one end is fastened securely to the side of the frame and the other end attached to the opposite side of the frame by strong tapes or safety pins; this end is freed and turned back when the bedpan is to be used. The canvas is entirely covered by folded sheets. The patient lies on this frame and is raised up, frame and all, when the bed is made or the bedpan given.

When changing the linen, if the Bradford frame is not used, begin on the patient's well side, loosen all sheets and push them up close to the body. Open the fresh under sheet and plait it lengthwise, tuck it in on

the side nearest you and at the head and foot as far as you can reach, for if the sheets are placed on the bed evenly and well tucked in, there will be no wrinkles and they will not work loose. Fold together the freed edge of the soiled under sheet and the free edge of the draw one and press these edges as far under the body of the patient as you can, draw the rubber sheet back over the partly arranged under sheet and tuck it in well. Tuck in a clean draw sheet over the rubber sheet and arrange it with the soiled one in the same way as the under sheet was done. Now go to the other side of the bed and pull both draw and under sheet through beneath the patient, pull the rubber sheet smooth and draw all very tight and tuck in.

Bed gowns should be open in the back both for convenience in changing and because it is impossible to prevent wrinkles with any other kind. If the patient's gowns are of fine material it may be better to buy cheap ones for temporary use and open them down the back. if those the patient is accustomed to wearing are made with a yoke, they can be split up the centre of the back *as far as the yoke* and the torn edges hemmed by hand. Then the yoke can be easily slipped over the head. When the patient is convalescent the hems may be ripped out and the edges joined in a flat seam, leaving the gown still useful. In cold weather a small, old blanket is useful to wrap about the legs and feet, as the bedclothes not being in contact with the flesh, the patient feels the cold.

The greatest care must be exercised in the use of heaters, as in the early days after injury the circulation is interfered with and the foot may be numb, so a serious burn might be given before the patient would feel it. The safest way is to test the temperature of the water used for filling the heater with a thermometer; 120° F. is quite hot enough and the heater should be covered with thick flannel.

A patient's diet may be whatever is suited to his age and general condition. In a fracture case we have a patient often in his usual state of health, only crippled, not one whose digestive powers have been weakened by disease of the organs themselves or other exhausting illness, and there is no great waste of tissue to be repaired except in the case of a suppurating wound or extensive bed-sores. A young child may have its usual diet; an adult in good health may have anything he likes, in moderate amounts.

Very rich and indigestible articles, as well as excessive amounts, are better avoided. A patient who had been accustomed to a great deal of out-of-door exercise would not need nor could he digest when confined

to a bed the amount of fats and proteids he would need when engaged in his usual pursuits.

Aged patients should be fed with great care and only articles that are light, nutritious, and easily digested be given; eggs, milk, toast, cereals, stewed fruits, broths, oysters, etc. Chicken may be given, but other meats very sparingly.

It is very difficult for a patient to feed himself when lying on his back but he may prefer doing so if he can possibly manage it. If the nurse is to feed him she should avoid either a hurrying way or a mincing way of doing it; of the two, the latter is perhaps the more exasperating, especially to a nervous patient. If the patient is to feed himself the most convenient way is to have a bedside table which can be swung over the bed and adjusted to the desired height, or a wooden tray with legs about eight inches high so that it can be set on the bed across the patient's body, or, lacking this, an ordinary tray may be supported by blocks or books placed at each side of the patient. Whatever sort of table or tray is used, it should be covered with a neat tray cloth and the food served one course at a time from the tray on which it is brought to the room. Liquids may be taken through a bent glass tube.

Constipation must be prevented; if there is a tendency toward it, it is better avoided by daily small doses of a laxative rather than by the occasional use of a purgative. Cascara gr. x. may be given at night, or Hunyadis water ℥iv or Carlsbad salt 3i in a glass of hot water, before breakfast. In all cases begin with a small dose and increase, if necessary, until the dose is found which will produce one good evacuation daily. If these measures are not sufficient to move the bowels, an enema of soapsuds Oi and glycerin ℥ii may be given every other day.

If the rectum becomes impacted with hardened fæces it may be necessary to unload it by mechanical means: give a low enema of warm sweet oil ℥iv two hours before starting the operation. Put on a rubber glove, or, if this cannot be had, fill all crevices about the finger-nails with hard soap and insert the finger, previously well oiled, into the rectum and remove the accumulation. The utmost gentleness must be used in this procedure or a painful fissure in ano may result.

Encourage the patient to drink water freely that waste may be eliminated and irritation of the bladder or urethra from concentrated urine may be prevented. If there is frequent voiding of small amounts of urine or a constant dribbling, retention with overflow should be suspected and the catheter inserted to see whether or not the bladder is really emptied. The catheter should always be boiled and the parts

very carefully cleansed with boric acid solution to prevent infection of the bladder.

Baths should be frequent; there are few patients who would not be the better for a daily bath. It is not practical to envelop these patients in a blanket before giving a full bath but pieces of old blanket or bath towels may be slipped beneath each part as it is washed, to protect the bed. The back and genitals should be washed with soap and water, carefully dried and powdered with talc powder when the morning and evening toilet is made. The vulva and nates should be washed or douched off with warm water and dried after each urination or movement of the bowels. A small piece of rubber or "stork sheeting" covered with a towel and slipped beneath the buttocks when the bedpan is given will save the draw sheet a great deal.

Sometimes the skin on the legs, and on the soles of the feet, especially, becomes dry and scaly, and may be the source of much discomfort to the patient. To relieve this, a little cold cream or vaseline may be rubbed into the skin some hours before the bath is given. If the feet have been long neglected it may even be necessary to apply a light flaxseed poultice to the soles for a day or two to soften the horny layers; then apply an unguent until the scales are removed and the skin is soft and smooth.

The injured leg should be examined daily for signs of irritation from pressure of any part of the apparatus. This may be around the ankle or lower leg from the adhesive plaster strips, over the tendo Achillis from the end of the posterior splint, around the thigh from the bandage cutting into the flesh or from slipping of the coaptation splints, or under the axilla from the T-splint working up too high. A slight readjustment of the splint, a small pad of sheet wadding, or cutting the bandage a little will often relieve this; if it does not, the surgeon's attention must be called to it.

Bed-sores are a constant menace in the care of these patients; in no condition except paralysis are they so likely to come or so difficult to cure, yet they can nearly always be prevented if proper care is taken *from the first*, and their prevention is one of the most important duties of the nurse. They are due to interference with the local circulation by prolonged pressure, accompanied by softening and excoriation of the skin from the moisture of perspiration or discharges from the bladder and rectum, or to the irritation from crumbs of food in the bed, or wrinkles in the surface on which the patient lies. They are most likely to come over the sacrum, on the heels and on the buttocks, but may appear in any place where there is prolonged pressure or irritation.

To prevent bed-sores three things should be worked for *from the first:* relief from pressure, absolute cleanliness, and hardening of the skin. As the patient cannot be turned the first must be secured by the use of rubber air rings and cushions, cotton rings, and small pads. The second is secured by frequent bathing and changes of linen, and the last by rubbing the exposed parts of the body, especially the back, with alcohol of about 60 per cent. strength after each washing, and oftener if the skin is very tender. Some patients with thin dry skins do better if an unguent like vaseline or zinc oxide ointment is rubbed in after the alcohol has been applied. Massage is always useful as it promotes the circulation.

Sometimes patients complain that the air ring hurts them; usually this is because it is filled too full of air. If some is allowed to escape they will find it quite comfortable. But even if it is not very comfortable they should be encouraged to use it for a little while at a time at short intervals, as it is the only means we have for really relieving pressure over the end of the spine. A rubber water bottle may be filled with water or air to make a cushion and cotton batting may be made into rings and covered with cotton to slip under the heels.

When there is incontinence of urine or fæces, the parts must be washed with soap and water after each involuntary evacuation and boric ointment or zinc oxide ointment rubbed into the skin. When there is a constant dribbling, small parts of a cheap quality of absorbent cotton, or cotton and oakum may be placed between the thighs to absorb the moisture.

The existence of bed-sores should always be reported to the surgeon who usually will order the treatment, but if it is left to the nurse, she may use the following: When the skin only is broken the excoriated surface may be cleansed with a warm boric acid solution, 4 per cent., and boric ointment applied on a soft cloth covered with sheet wadding and held in place by a T-bandage if it is on the back, or an ordinary cotton bandage if on the heel. For convenience, the free end of the T-bandage may be split and the two ends pinned to the waistband like perineal straps. If there is suppuration or sloughing of the tissues beneath the skin the cavity may be cleansed with a small amount of peroxide of hydrogen followed by the boric acid solution and a hot boric acid dressing applied every three hours until the wound is clean; then it may be dressed with camphorated oil, eucalyptus vaseline, or balsam of pine, until the cavity is filled up with granulation tissue. After that time the wound may be dusted lightly with aristol and a dry dressing applied. After granulations have begun to form do not use gauze next

the wound as its removal tears off the young granulations and greatly delays healing; whatever dressing is used should be applied on old, soft cotton or linen.

Recovery is slow in these cases; six weeks is the average time required for union to take place in an adult and this convalescence may be prolonged for months. Crutches will have to be used for weeks after union is completed.

How much shall a nurse do for the entertainment of the patient during this time and what shall she do? That is a matter each one may decide for herself; it depends mostly on the patient, and tact and good judgment are needed.

A patient with a fracture is usually in full possession of his mental powers and may find the time go by very slowly unless some fresh interest is brought into his days, and discontent and restlessness may do much to delay convalescence. But others would rather be left alone after the necessary things are done, preferring their own thought to anyone's conversation, and the nurse should avoid officiousness.

Reading aloud is usually enjoyed, and it is better to keep a book or something with a sustained interest so that there will be something to look forward to, though short stories or magazine articles be read betweenwhiles. The nurse should study the patient's tastes and moods, be ready to be interested in whatever interests him, or to efface herself if he wishes to be quiet. She must not let the conversation degenerate into an exchange of petty personalities or tell hospital experiences, for it is on such cases as this that the temptation to both is the strongest. She should make a determined effort to interest herself in outside things that she may have other and more appropriate subjects for conversation.

The nurse should not make the mistake of spending all of her time in the sick room unless serious illness makes her presence absolutely necessary; both patient and nurse are the better for being relieved of each other's presence a part of the time, and she should make a point of seeing and remembering things of interest to tell the patient when they are together; a play or a concert, a picture, a well-arranged window display, even a pretty gown or a new kind of tea cake. "The world is so full of a number of things" that the fault is likely to be in herself if she cannot find something of interest among them, and one should cultivate the art of telling interestingly what she has seen.

NURSING OF THE INSANE A PART OF A THREE YEARS' COURSE *

By MARY E. MAY, R.N.

Graduate of the Rochester City Hospital; Matron and Superintendent of Nurses at the State Hospital, Rochester, N. Y.; Member of the Board of Nurse Examiners, New York State

If all general hospitals having a three years' course would supplement instruction in the theory of mental nursing by arrangements for their student nurses to spend three months, during the last year and a half of their training, in a hospital for the insane in the wards of the acute and infirmary services, it seems to the writer that the benefit accruing to all concerned would amply repay the labor which such an arrangement would necessarily entail.

Some time in the first year and a half of their course, lectures should be given in the general hospital by an alienist, who is regularly lecturing to nurses in training in a hospital for the insane. Quizzes could be held and papers could be examined by the regular teaching staff of the general hospital.

During the three months' service on the wards of a hospital for the insane, the nurses would become familiar with the most advanced methods in the nursing of the different psychoses and their etiology. This knowledge would help them to recognize conditions outside the hospitals which, if continued, might lead to serious, nervous breakdown.

Frequently general hospital graduates are called upon to nurse borderland cases in private homes and, with an experience gained by actually having cared for insane patients, this responsibility could be assumed with greater confidence on the part of the nurse and of the physician employing her.

Medical colleges are paying more attention now than formerly to instructing their students in nervous and mental diseases, and physicians will expect nurses to know more about this special branch of nursing than they can possibly know without having actually worked among the insane.

Graduates of general hospitals are sometimes sought for executive and teaching positions in hospitals for the insane and if experience in the wards of such hospitals has been a part of their training, it will be

* Read at the eleventh annual convention of the Nurses' Associated Alumnæ, San Francisco, May, 1908.

much easier for them to take up their work. Such experience would be particularly valuable in any alcoholic, drug or toxic case.

An article in "Charities and the Commons" for March 7, 1908, says of the state institutions in Illinois, "Training schools for nurses and attendants have been established, superintendents of nurses in charge of both men and women patients have been appointed, a system of affiliation with general hospitals has been inaugurated whereby the general hospitals will put mental nursing into their courses as an optional study, and training will be given to under-graduate nurses from the general hospital training schools in the state institutions."

It seems to the writer that unless practical nursing of the insane be made an obligatory part of the general hospital course, few, if any, nurses will elect it, probably thinking that work among the insane would be entirely out of their ordinary routine in both student and graduate days.

Another good that might come from such an arrangement is that the vacancies caused in the student nursing service of the general hospitals could be filled by nurses from the hospitals for the insane, who could thereby increase their experience in surgical and obstetrical nursing.

In New York State, all appointments in the state hospital service are made according to civil service rules, and arrangements for the interchange of nurses would have to be made with the Civil Service Commission wherever such rules obtain. This administrative detail could be thought out and arranged by the local municipal, county or state boards for each hospital community.

A broad discussion of this subject by all interested in comprehensive care of the sick and incapacitated would doubtless open up avenues for the consummation of twentieth century ideals in nursing.

THAT contagion may come, not merely on the wings of the wind, but in a cup of cold water or of milk, in the caress of affection, on the hand of pity stretched out to save, upon the penitential garment, or even upon the sacramental communion cup or the broken bread—these ideas, dimly dreamed of in the past, are among the very corner-stones of sanitary knowledge to-day.—WILLIAM T. SEDGWICK in *Yale Medical Journal.*

HOUSEKEEPING FOR TWO

By ANNA B. HAMMAN
Instructor in Foods and Cooking, Mechanics' Institute, Rochester, N. Y.

(Continued from page 26)

In the chilly fall days, a warm, comforting dish for luncheon or supper makes an appeal to our appetites. There's much comfort in a dish of split peas, if properly cooked. They may be made into a delicious cream soup, or they may be baked with some slices of bacon, taking the place of baked beans and pork. They are more quickly prepared than beans and for many people much more easily digested. The yellow split peas are the best, unless you happen to want a green soup some time for the sake of harmony in color, when the green split peas may be used. Either sort can be bought in bulk or in packages for five or six cents a pound, and one obtains a large amount of nutriment for the few cents expended.

Split Pea Soup. One quart cold water, one-half cup split peas, one tablespoon butter, one tablespoon flour, one cup milk, one slice onion, salt, white pepper. Look over the peas, wash and put over to cook in the cold water. Bring slowly to the boiling-point and cook gently until tender enough to mash easily through a sieve. They should cook about two hours and should be so soft that they are not at all grainy when mashed. Melt the butter, add the flour and stir into the hot mashed peas. Then stir in the milk, having first scalded it with the onion. Bring the soup to the boiling-point, and if you have it, add a half-cup of cream. The soup should be perfectly smooth and about the consistency of rich, thick cream. Add salt and pepper and strain into serving dishes. Crutons are especially good with this soup. This dish is almost a meal by itself and should not be served with other hearty dishes. Add a salad with bread and butter, and you have a sufficiently substantial meal for luncheon or supper.

Split Peas and Bacon. For this dish the peas should be cooked until tender, but not so much that they will lose their shape. One cup of peas to one pint of water will give sufficient moisture. Add one-quarter teaspoon of salt, and cook until the water is nearly all absorbed, taking care that the peas do not scorch. When they are done, put them in a baking-dish, cover the top with some very thin strips of bacon and cook in the oven until the bacon is crisp.

An oyster stew or a dish of scalloped oysters is another cheering

dish for cold fall nights. For the oyster stew get a dozen count oysters or a half pint in bulk. In either case get them, if possible, where you can see them opened, to be sure they are fresh. Stale oysters are disappointing, even if they have not reached the danger point. Look over the oysters for any bits of shell that may cling to them. Put them in a strainer and pour over them one-quarter cup of cold water, allowing it to drain into the oyster liquor. Bring the liquor and water to the boiling-point, strain, add the oysters and cook until the edges curl. Put butter in a hot dish, add half teaspoon salt, a little pepper, pour over it one cup of hot milk, add oysters and liquor and serve.

Scalloped Oysters. One dozen count oysters or half pint oysters in bulk, half cup stale bread crumbs, half cup cracker crumbs, four tablespoons melted butter, two tablespoons oyster liquor, one tablespoon milk, salt, pepper. Look over oysters and rinse with cold water. Mix the bread crumbs, cracker crumbs and melted butter. In a buttered baking dish put a layer of crumbs, then a layer of oysters and sprinkle with salt and pepper. Add a layer of crumbs, then another layer of oysters and seasoning. Pour over the oyster liquor and milk and put a final layer of crumbs on top. Bake in a moderate oven from twenty to thirty minutes, or until crumbs are nicely browned.

The holidays are coming, and while the family of two may not indulge in a turkey, a roast chicken is possible, and there should be a guest or two to help eat it, on Thanksgiving Day anyway, no matter how small the establishment may be.

A chicken weighing three pounds will be satisfactory. It should be yellow and firm of flesh, not bluish and flabby and moist. The latter characteristics belong to cold storage chickens. Try the end of the breast bone. If it bends, showing that the cartilage has not yet changed to bone, the chicken is young enough to be good roasted. Have the chicken drawn and the crop taken out at the market. Put the hand into the body cavity and loosen all the membranes holding the internal organs in place. Then, by taking hold of the gizzard, the heart and liver will come out with it. Another search must be made for the lungs, which can be loosened with the forefinger, and the kidneys, which lie on either side the backbone, should also be taken out. The lungs and kidneys are usually discarded. The gizzard, heart and liver may be cleaned, trimmed and simmered until tender, then chopped and added to the gravy. The gall-bladder, a little greenish bag, lies close to the liver, and must be carefully cut out without breaking. It is usually necessary to cut away a portion of the liver to get the gall bag out safely. Cut off the feet, push back the skin at the neck, and with a strong knife cut

off the neck rather close to the body. Take out the pin feathers, singe the chicken and wash thoroughly inside and out with a damp cloth and wipe dry. Fill the opening at the neck, where the crop was taken out, and the body cavity with stuffing. Sew up, tie the wings and legs close to the body, or fasten with a skewer. Brush the chicken with melted butter, sprinkle with salt and put in a pan. Bake in a hot oven until nicely browned, lower heat and baste frequently with hot water and butter, one tablespoon butter in one-half cup water. A young three-pound chicken will bake in an hour. Do not let the oven get hot enough to smoke at any time during the baking.

Chicken Stuffing. Two cups stale bread crumbs, half cup butter, salt, pepper, sage or poultry seasoning and hot water. Melt butter, stir in crumbs and seasonings. Add just enough water to make crumbs moist, but not wet.

Gravy. After taking up the chicken, add to the drippings in the pan one and a half tablespoons flour, stir until blended and cook three minutes. To the liquor from the giblets add enough water to make one cup of liquid. Add this to the drippings and flour, stir until it boils. Season and strain if not perfectly smooth, and add chopped giblets.

Cranberry Jelly. Two cups of cranberries, one cup sugar, half cup water. Look over and wash cranberries, put into a saucepan with water. Cook until tender enough to press through a sieve, leaving only skins behind. Add sugar, cook five minutes, turn into mold or serving dish.

If Thanksgiving Day is not complete without pumpkin pie, there is no reason why you should not have one if you have an oven. There are golden little "pie pumpkins," not much larger than a fair-sized muskmelon, the sight of which is enough to make one resolve to go home and have a pie.

Pumpkin Pie. Cut the pumpkin in halves, take out seeds and stringy portion. Cut in pieces, pare and put in a strainer over hot water, cover and cook until tender. Press through strainer. To each cup of pumpkin add one egg slightly beaten and one cup of milk. Season to taste with sugar, cinnamon, ginger and nutmeg. Line a pie tin with the paste, fill with pumpkin mixture and bake in a quick oven at first, lowering heat after rim of pie is set. Bake until nicely browned on top.

Pie Crust. Three-quarters cup of flour, two tablespoons butter, two tablespoons lard, one-quarter teaspoon salt, cold water. Mix and sift flour and salt, chop in the butter and lard with a knife, or work

them in lightly with the tips of the fingers. Add just enough very cold water to hold flour together in a ball. Pat out very thin with a knife and fit into pie tin, trimming off edges.

With a chicken, cranberry sauce, a vegetable, a bit of celery and pumpkin pie, one need sigh for no larger or better Thanksgiving dinner. And you may be sure that your appreciation of each dish will be better than if the number were multiplied. If the pie is beyond your resources or ambition, have apples and a dish of nuts and stem raisins to finish the meal.

THE Boston *Transcript* quotes Sydney Smith's advice concerning low spirits:

"First, live as well as you dare. Second, go into a shower bath with a small quantity of water at a temperature low enough to give you a slight sensation of cold, 75 or 80 degrees. Third, amusing books. Fourth, short views of human life—not further than dinner or tea. Fifth, be as busy as you can. Sixth, see as much as you can of those friends who respect and like you. Seventh, and of those acquaintances who amuse you. Eighth, make no secret of low spirits to your friends, but talk of them freely—they are always worse for dignified concealment. Ninth, attend to the effects tea and coffee produce upon you. Tenth, compare your lot with that of other people. Eleventh, don't expect too much from human life—a sorry business at the best. Twelfth, avoid poetry, dramatic representations (except comedy), music, serious novels, melancholy, sentimental people, and everything likely to excite feeling or emotion not ending in active benevolence. Thirteenth, do good and endeavor to please everybody of every degree. Fourteenth, be as much as you can in the open air without fatigue. Fifteenth, make the room where you commonly sit gay and pleasant. Sixteenth, struggle by little and little against idleness. Seventeenth, don't be too severe upon yourself, or underrate yourself, but do yourself justice. Eighteenth, keep good blazing fires. Nineteenth, be firm and constant in the exercise of rational religion."

NURSING IN MISSION STATIONS

THE MEDICAL MISSIONARY ASSOCIATION OF TURKEY

By ALICE C. BEWER

Graduate of the Methodist Episcopal Hospital, Philadelphia; Missionary Nurse, American Hospital, Aintab, Turkey, Asia

For the first time in the history of missions of Turkey, possibly of the whole world, medical men and women engaged in missionary work came together to discuss the problems they were facing. The first conference of the "Medical Missionary Association of Turkey" was held at Aintab, Turkey in Asia, July 12–19, 1908.

The different members of the conference arrived on Saturday, several having made a journey on horseback lasting more than ten days. There were representatives from Erzroum, Harpoot, Diabekir, Sivas, Cesarea, Marash, Aintab, Aleppo, Beirût, Tiberias, and Deir Atiye near Damascus. From the missions not represented personally, came greetings and reports; among these were Van, Marsovan, Mardin, Urfa, Adana, and Constantinople. Everybody who came seemed to be filled with a desire to get the things most worth while out of this gathering for themselves personally, as well as for raising the standard of their profession.

The sessions of the conference were most helpful and a true source of inspiration, not only professionally but spiritually.

On Sunday evening the conference was opened with a praise service, and morning and afternoon sessions throughout the week were preceded by a short devotional service, led by the different members of the conference.

Monday, after organization, was devoted to hearing the reports from the different mission stations.

Tuesday was surgical day and after several operations at the Hospital, papers on surgical subjects were read and discussed.

Dr. Dodd, of Cesarea, gave a most interesting account of his visit to the Mayo Brothers, at Rochester, Minnesota, while in America last year.

Dr. Ward, who opens a new work in Diabekir this year, presented a paper on the "Etiology of Appendicitis." Dr. Torrance of Tiberias

WOMAN'S WARD.

TWO ARMENIAN MEN AND FOUR TURKISH WOMEN.

read a paper on "Hernia" and Dr. Adams, of Beirût Syrian Protestant College, read a paper, prepared by Dr. Post of that institution, on the H. M. C. anæsthetic.

Wednesday was given up largely to association business, and on Thursday, after several operations, a medical clinic was conducted in the out-patient department of Aintab Hospital.

Friday was "Missionary Day" and the whole day was given up to considering the evangelistic side in connection with the medical work. Reports of the different ways and means of bringing men and women to Christ, were given by all the missions and stations represented and led to a most helpful interchange of ideas.

On Saturday, Dr. Hamilton, of Aintab, presented a paper on "Eclampsia" and Dr. Adams one on "Gleanings From One Thousand Skin Cases." There was also a paper on "X-ray" by Mr. St. John of Beirût and Dr. Shepard's, Aintab, "Lessons from Failures" were most helpful.

The closing session was a communion service on Sunday morning and a number of the doctors spoke at meetings of Christian Endeavorers and at the regular church and also the hospital services.

The social side of the gathering was not neglected and there were moonlight rides for those who enjoyed horseback riding, tennis and chess tournaments, a musicale and a picnic, all of which were entered into very heartily and were consequently successful.

The nurses present at the conference were voted in as full members with a right to vote.

Miss North, of Cesarea, gave a report of splendid work done with and for the nurses in their hospital. A movement was also set on foot to start an "Association of Trained Nurses" to be affiliated with the "Medical Missionary Association of Turkey" and open to all hospital trained nurses, holding diplomas or certificates (the latter is in deference to the European nurses, who do not get diplomas), engaged in missionary work. The aim of this proposed association is to work for the establishment of training schools, and for uniform standards in these schools, as well as mutual helpfulness, friendship and fellowship. One hospital in the interior reports a school in working order and another is doing fine work at Beirût.

We look forward to much help from the association, when once established, to work unitedly in winning a place for the nursing profession in this country where it has taken our predecessors and fellow workers years of toil and patience to bring it from absolute disfavor to the place it now occupies.

The accompanying pictures of Aintab Hospital will show how some of the people look for whom we work.

ITEMS

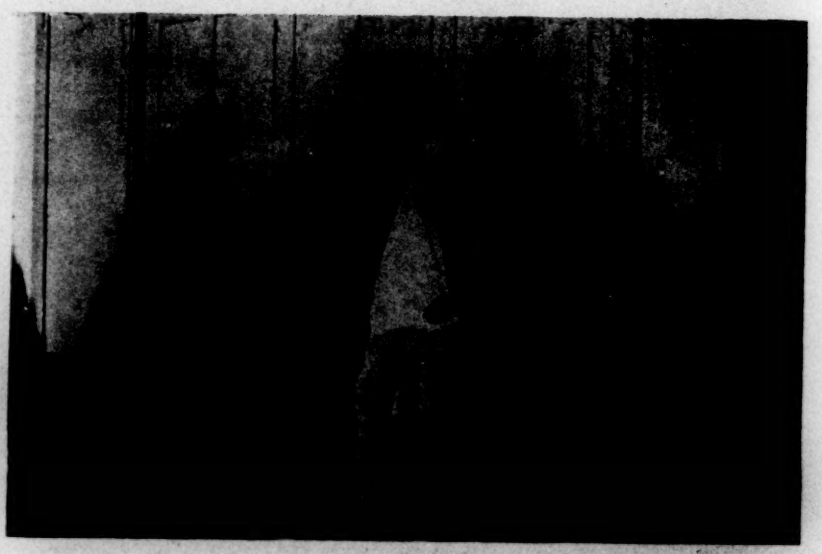
FROM a report by Dr. Peill, of T'sang-chow, in the *China Medical Missionary Journal:*

"Gradually the conviction comes home to one that 'medical missionary' and 'medical man' are far from synonymous terms. In some real sense every man one meets is a 'patient.' Each one of the uncounted thousands with whom one is brought into some sort of contact during the year is better, or worse, for the glimpse so gained of a professed representative of the Master. And to each of those burdened, sin-stricken hearts there ought to have come some haunting, sweet suggestion of the presence of that Master Himself to set him athirst for more. That word 'missionary' implies all this, and our 'patients,' reckoned thus, are beyond the utmost reach of mere statistics.

"At times the wards were very full, far more so than we had contemplated when the buildings were erected. One day I had the occupants of the wards all counted and found that there were 103 in quarters provided for 50! Of these, seventy-five were actual in-patients, almost all operation cases, and the rest were their so-called 'nurses.'"

THE call for public health is not merely a call for individual welfare; it is also one of the primal social duties. Next after himself, man owes it to his neighbor to be well, and to avoid disease in order that he may impose no burden upon that neighbor. A normal community can only be made up of normal members, and we are only just beginning adequately to recognize that the tuberculous person or the typhoid patient is a menace to public health. The Germans have given us that excellent phrase *Bacillenträger;* and this, for one disease, we have recently translated as typhoid-carriers. It would be well if we went further, and instead of speaking, as we usually do, merely of "consumptives," if we referred sometimes to these as tuberculosis-carriers. If we could go further yet and refer to syphilis-carriers and other sex-disease carriers, we should do useful service by educating the public to one of the gravest social aspects of public health reform.—WILLIAM T. SEDGWICK, in *Yale Medical Journal.*

AINTAB CLINIC. 1. A KOORD WITH ARAB HEAD-DRESS. 2. AND 3. A KOORDISH SHEPHERD AND WIFE IN THEIR OWN PROPER COSTUME.



RICH AND POOR, ALL ARMENIAN. THE TWO IN THE BACKGROUND ARE HOSPITAL HELPERS. AINTAB COSTUMES.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF
ELISABETH ROBINSON SCOVIL

TREATMENT OF BURNS.—The *New York Medical Journal*, quoting from a German journal, says: Renner recommends as a dressing for burns of every degree a powder consisting of one part of bismuth subnitrate and two parts of kaolin. The burned area is first thoroughly cleaned, then thickly powdered and bandaged with sterile gauze. The thorough drying of the area and the absence of infection are the chief virtues of the treatment, while the formation of bullæ is almost entirely prevented. The author's results have been most excellent.

TREATMENT OF CHILDREN WITH SCARLET FEVER.—The *New York Medical Journal* in an abstract from a German contemporary, says: Oppenheimer protests against the use of baths and cold packs, and against the administration of meat, meat broths, and eggs, in cases of scarlet fever as predisposing to renal troubles. He alleges that during the eighteen years he has been in practice he has treated over 150 cases of scarlet fever, seen every imaginable kind of complication, lost three cases by death, but has never had a case of inflammation of the kidneys.

HEREDITY IN CANCER.—Dr. Lapthorne Smith, of Montreal, in an article in the *New York Medical Journal*, attacks the theory of heredity as a factor in the production of cancer and asserts that it is purely a contagious disease. He says it is absolutely local in the beginning and should be removed at the earliest possible moment after its presence is suspected. A room or a house vacated by a cancer case should be most carefully disinfected before being occupied again. People may be exposed to the contagion many times without contracting the disease because their cells are in good condition and able to destroy or resist the amœbæ. Because cancer is believed to be hereditary no precautions are taken towards stamping it out, while consumption is recognized as contagious and is being rapidly stamped out.

CREOSOTE INHALATIONS IN TUBERCULOSIS.—In an article in the *American Journal of the Medical Sciences* Dr. Beverley Robinson strongly recommends the use of inhalations of creosote in laryngeal and pulmonary tuberculosis. The inhalations are given by means of a zinc mask, perforated, worn continuously, the pad being moistened with beechwood creosote and alcohol, to which, when there is much irritative cough, a little spirits of chloroform is added. Even if the vapor does not reach the lungs through the inspired air it may do so through the blood circulation. The stomach, already burdened with an excess of food, is relieved of the task of disposing of it and, theory to the contrary notwithstanding, it may reach the lung more directly if inhaled. Dr. Robinson says after an experience of twenty-five years with this method he knows of absolutely no other means which will afford anything like the same amount of relief to symptoms and hasten and promote cure to the same degree.

RECUMBENCY IN CONVALESCENCE.—C. C. Frederick advocates, in the *Journal of the American Medical Association*, keeping patients in bed after abdominal operations for a longer time than is now advised by many operators. With the exception of appendectomies, not acute, he would say that no patient after abdominal section ought to be allowed to be up before the lapse of from sixteen to eighteen days. The reasons he gives are the incompleteness of union before that time with the consequent greater risk of hernia, and the need of such a period of rest in the usually debilitated state of the patient. Since following this rule he has not had 1 per cent. of hernia in his abdominal cases, and, while the use of the buried suture has contributed, he lays this success largely to the longer recumbency. Of course, in a person operated on in full vigorous health the second reason does not apply to the same extent, but the danger of hernia is still present.

SOME LESSONS FROM ANCIENT FRACTURES.—The *Medical Record*, quoting from the *British Medical Journal*, says: Frederic Wood Jones reports on a collection of two hundred cases of bones that have been broken in ancient times and have healed. These fractures were collected from a series of upwards of six thousand bodies buried in the Nubia that lies between Sheilal and Demhid and they are from representatives of all periods between the early predynastic times (the earliest period from which human remains have come down to us, *circa* 4000 B.C.) and the

Christian era, until about the fifth century after Christ. They therefore cover a period of history of the human race of considerably over four thousand years. The most striking difference is seen in the figures relating to the fractures of the patella, and of the tibia and fibula. All fractures below the knee were very rare. The reason probably is that these people went barefooted, and lived at a time when there were no stairs, curbstones, or pavements. Fractures of the foot probably owed their rarity to the fact that wheeled traffic was absent. The two fractures that were notably more common in ancient Nubia were those of the forearm and of the clavicle. This was probably due to the use of the "naboot," a long stick, the Nubian's constant companion. The results of union of bone shown in their series are quite as good as those obtained by the surgical treatment to-day.

RIGHTHANDEDNESS AND LEFTHANDEDNESS.—The *Medical Record* in reviewing Dr. George M. Gould's work on this subject says: In this collection of essays, previously published for the most part in the *Popular Science Monthly* and various medical journals, Dr. Gould deals in his usual interesting way with the causes and the consequences of right-handedness. The origin of righthandedness is referred to the dominance of the right eye in vision. The preference of the right hand in operations requiring special skill is shown to be due to the fact that such operations at first must be directed by the eye, and if the right eye is the stronger it must insist upon the more delicate movements being made by the hand under its direct guidance. Further, the development of sign language and of written language, the first chiefly and the second entirely carried out by means of the right hand, under the control of the dominant right eye, determined the location of the speech centre in the left brain, and in consequence the acts performed in response to a command are naturally controlled by the brain centres nearest to the speech centre. Even the apparent exceptions to this dependence of righthandedness upon right-eyedness really prove the rule. In violin playing, for example, the more difficult fingering is done by the left hand, but this is because the right eye can guide the fingers of the learner better, for if the fingering was done with the right hand, the foreshortening occurring as the right eye glanced along the neck of the instrument would handicap one seriously. This is the theory briefly stated, but one must read the argument as developed by the author in order to follow it understandingly. It is the most satisfactory explanation of the dominance of the right hand that has ever been offered.

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK

[THE paper which follows, one of those sent to the Tuberculosis Congress, is especially interesting as describing the work of a nurse, Miss Amy Turton, an English woman who was trained at the Royal Infirmary, Edinburgh, and who has worked in Italy ever since as a nursing missionary and altruistic citizen. Miss Turton has been untiring in her efforts to introduce good nursing instruction into Italy and her many pioneer efforts will make an inspiring chapter for the third volume of the "History of Nursing."]

THE FIRST OPEN-AIR SANATORIUM IN ITALY FOR TUBERCULOSIS

BY AMY TURTON
Florence, Italy

No sanatorium for open-air treatment for incipient tubercular cases existing in Italy, an attempt was made in 1902 by private initiative to start a very small place near Florence—commencing with six to eight girls. A most ideal spot was found, on the edge of a fir wood near Settignano, sheltered from the north wind, and with the whole valley of the Arno stretching beneath it. The piece of ground bought was actually an olive field, and as many trees as possible were retained. The house was built with two wide terraces facing southeast—the lower one being covered, so that patients could lie out in it, and eat in it, in every kind of weather. The money was given anonymously for land and building, and we hoped that the town of Florence would supply means for the maintenance of the little home, as the doctors were much interested in the experiment. The furniture was given entirely by friends, all very simple, and carefully chosen with a view to non-dust collecting, and facile disinfection and cleaning. But difficulties met us from the beginning, although the bit of ground was quite isolated (only one small cottage being on one of its confines, which was uninhabited when the sanatorium building was commenced), yet some of the villas within sight took exception to its relative proximity, waged active warfare, signing protests, and attempting even to get it suppressed by

influence in Parliament. Happily, legally, the right distance was proved to exist and an energetic Italian canvassed for public sympathy, explaining how much better it was for phthisical patients to be put where the use of pocket spittoons was enforced, instead of being free to expectorate wherever they went. Gradually the storm of opposition died away and the public showed itself to be either favorable or indifferent. The home promised some profit to the tradesmen in Settignano, gained their approval, and our canvasser judiciously insinuated the prospect of its growing into a larger institution, and so employing more workmen and giving ultimately larger profit to tradesmen. Consequently the threats of boycotting came to nothing as well as those of legal processes.

The next difficulty that we encountered was the insufficiency of water. Before buying the ground we had insisted on boring for it, but though it was found at a great depth, the quantity did not come up to expectations, while the expense of the well instead went far beyond them. It was considered necessary therefore to build a large cistern to collect the rain water off the roof,—and as we encountered solid rock, again the expense augmented unexpectedly.

The question of drainage also proved a costly one, there was no possibility of getting on to a main drain, the place being quite away from any. Engineers, friends and employes agreed that a sort of half of the usual Italian system would be the safest. This was to run a waste pipe for the liquid part of the drainage away to the left, terminating a filtering place of deposit (I find it difficult to explain, not knowing technical terms in English) below the well so that nothing could filter into it.

The solid part of the sewage was retained in a special receptacle, placed under the W. C.'s, in which chloride of lime was placed, and was buried in the grounds of the neighboring peasants.

A lung specialist, and two doctors who were also keen on the "open-air treatment," generously offered their coöperation, the first in choosing, the others in treating the patients. These were to be only in the initial stage of phthisis. Two rooms were set apart for those who could pay five lire. A large room containing four and another with two free beds made up the eight we hoped to fill. The rules were few—visitors' hours to be limited and absolute obedience to the nurse comprehending briefly what was insisted on to any new patient.

The charge of the place was at first taken by a nurse friend, who had spent several months at the *Sanatorium populaire* at Teysin studying the system of the treatment. She was helped by a sort of house-

keeper cook, and the neighboring peasants engaged for washing, and for odd jobs.

We opened in September, 1904, with one paying and one free patient. Hypodermics of guaiacol was the treatment with, of course, rest, and moderate hypernutrition, and the food was as varied as possible, and the results as regarded increase of weight were extremely satisfactory. The patients' windows were fitted with a catch, which prevented their closing them—but we had very little difficulty in convincing them of the necessity of breathing continual pure air. Even the lady housekeeper soon found courage to sleep with open windows and instructed her family to follow her example. And certainly one of the most satisfactory outcomes of the little experiment has been the spread of hygienic notions among the relations of every one who came under its influence. Short strolls in the fir woods, and the rest of the time lying on chairs, lounges on one or other terrace, reading by the nurse, and games with a big poodle, Toro, were the daily routine. Cold sponging, or baths, weekly weighing, the rigorous use of sputum cups, or holland bags containing handkerchief, were carefully supervised by the nurse. She also herself destroyed the sputum in a sort of cauldron arranged for the purpose.

The moral influence of my friend resulted in an atmosphere of hope and good will. Could we have entirely devoted ourselves to the little place, I have no doubt that we could have obtained many of the cures which rewarded us during the first six months. But our hopes of obtaining public help were not fulfilled. The Florentine Societies (anti tuberculari) had not the necessary funds to coöperate. The building, etc., had absorbed the money meant to help with the maintenance of the place during the first year, and finally, my own very serious illness in November (typhoid, with complications) necessitating the temporary placing of nuns in my nurse friend's place, while she took mine, combined to render it impossible for financial reasons to continue beyond the month of March. We decided, therefore, to make the little home a gift to an analogous society which was slowly struggling into life, and which was purely Italian, and consequently more able to solicit funds. Our dear little sanatorium has consequently passed to Dr. Pieraguote's "Predisposti" and twelve to fourteen little boys do the "open-air" cure instead of our "incipiente" girls or women. Queen Helen has become patroness, and the place bears her name since we refused to accept their desire that it should also be called by the name of the anonymous giver. The same nuns are retained, and hopes are enter-

tained of eventually building another house for little girl "predisposti."

Meanwhile those few happy months spent with my friend remain warm in the memory of those girls who learnt how to help cure themselves, and of those four who seem really to have been cured. So far as I know only two cases entirely failed; one developing the "galloping" phase just when I was beginning to recover, and the other going steadily down hill for about a year after we had given up the place.

ITEMS

CANADA has formed a "Provisional Society of the Canadian National Associations of Trained Nurses" with Miss Snively as president, and Miss Matheson, secretary-treasurer. The organization embraces eighteen societies and will be welcomed next summer into the International Council.

AMONG the foreigners of distinction at the tuberculosis congress was Miss O'Neil from Dublin, a trained nurse and member of the Woman's National Health Association of Ireland. Miss O'Neil visited hospitals and, in New York, called at the Nurses' Settlement and on Miss Nutting at Teachers' College.

DISCONTINUANCE OF AND RETURN TO A MILK DIET IN DIARRHŒAS OF INFANCY.—The *Medical Record*, quoting from *Journal de Médicine de Bordeaux*, says: Rousseau-Saint-Phillipe says that milk is not the perfect, antitoxic, easily assimilable, complete food that it has been considered. The cow even if healthy, clean, and well fed gives a milk that is not suitable for the child, and it is necessary to watch its digestion and assimilation. When a good, pure milk has been obtained it is necessary to watch its dosage carefully. There are cases both acute and chronic in which it becomes poisonous and excites a gastro-enteritis with putrefactions. In these cases milk must be stopped at once and a water diet made use of, with a certain amount of fasting, followed by the use of some other food. When the intestines have been cleansed, disinfected, and returned to a normal condition the use of milk should be begun very gradually and in very small doses, and thus a tolerance be gradually established for it.

THE VISITING NURSE DEPARTMENT

IN CHARGE OF
HARRIET FULMER

BABY DAY CAMP OF THE PROVIDENCE DISTRICT NURSING ASSOCIATION

By MARY S. GARDNER
Graduate of the Newport Hospital, Newport, R. I.

The care of the sick baby in summer in the homes of the poor is a problem in every city and if the baby must be artificially fed, the difficulty is greatly increased.

Even in the cities where there is ample hospital accommodation, the problem is not solved, for while the hospital cures, it does not prevent illness, and it is well known how often a child is returned to an ignorant mother, only at once to fall a victim to the same disorder of which it has just been cured at the hospital. This has been seen too often to be ignored, and the social worker connected with the hospital, the district nurse, and others doing work among children, are striving to bring about a new order of things, and by education of the mother to strike at the rest of the matter.

All visiting nurses, however, know the hopelessness of entering a house, ready primed to teach milk modification and to preach fresh air and cleanliness, when they find a dirty, stuffy house, an impossible back yard, and a mother who certainly may be taught, but with whom the process will undoubtedly be a prolonged one. The question is, will the baby live while we educate the mother, for death does not await the convenience of others.

In some cities there are special arrangements to meet just this situation, places where the mother can take her baby for the day, and where skilled care will be given it.

In other cities there is nothing, except the already overtaxed children's wards of the hospitals, where in all probability the beds will be full of children more acutely ill.

Copying, though in a smaller and less expensive way, the Baby

Day Camps of Chicago, of which we first learned at the Visiting Nurse Conference, a day camp was started in Providence.

Some of the details of our modest effort may be of use to other visiting nurses, who, if they are to do anything of the sort at all, must do it economically.

A lady offered us her beautiful grounds, with a summer house and a broad shady piazza, also the use of the gas stove and telephone. The family was to be out of town for the greater part of the summer, and the house left in charge of servants. It was ideally situated for our purpose on the edge of one of the most congested parts of the city. The same lady also gave us $100 toward equipment and running expenses. Beds, bottles, bottle racks and ice-chest were loaned to us. In buying the simple equipment the temptation to get "hospital supplies" was withstood, and only such articles purchased as could be afforded by the poorest mother, for the whole object of our scheme was to teach the mothers by example, and demonstration, what they themselves could do for their babies.

The ticks were stuffed with straw which could be readily removed, the measuring cups, pitchers, etc., were of agateware, the long table was covered with enamel cloth, the rubber nipples were kept in glass preserve jars; everything, in short, though scrupulously clean, was such as might be found in any home, for we hoped that the whole might prove valuable as an object lesson.

It was decided to limit ourselves to ten beds, so that the nurse might have time for instructing and talking with the mothers. We engaged a nurse with good experience in baby work, and we also engaged an assistant, a public school teacher, with an aptitude for babies, who was glad to use her vacation in this way, and who did excellent work under the nurse's guidance.

The District Nursing Association had added to the staff three special nurses, for the summer months, to do advisory work with children, and to these nurses was given the responsibility of sending in the babies.

One of the younger doctors took medical charge of the camp, and a large amount of its success has been due to his devotion to it, to his willingness to follow up the babies at home, and to his talks with the mothers.

The mothers brought the babies at half-past eight in the morning (on Sunday as well as on week days), having first bathed them at home. They brought with them enough clean diapers for the day. Of course, real diapers were rarely seen, but the stipulation that the clothes must be clean and not washed with naphtha soap was insisted upon. On arrival

the babies were undressed and a night-gown put on, their clothes being kept clean to wear home.

The milk was modified every morning for the twenty-four hour feedings, to meet the requirements of each baby, according to the doctor's orders, and at night every mother carried away with her the bottles needed for the night, paying for all five cents a day. The soiled diapers were also taken home to be washed, heavy paper bags being provided for the purpose. The articles used for each child were, of course, kept separate, while bottles, nipples, night-gowns and sheets, were boiled daily. The strictest care in regard to these precautions was observed, and the mothers instructed in a like care at home.

The mothers were allowed to come and see their babies at any hour, but they did not stay at the camp unless a child was dangerously ill. On the recovery of a baby, it was sent home to make room for a sicker one, but the children's nurses visited it regularly to see that instructions were being carried out, and it was often surprising to find how many of the camp ideas had been observed and how great an effort was being made to carry them out in the midst of discouraging home surroundings. Groups of neighbors and friends also visited the babies, giving excellent opportunities for instruction.

The camp was open from July 2 until September 4, during which time fifty-three babies were cared for at a total expense of $252.61. We consider the plan a success, judged both by the good results gained by individual babies, and from the point of view of the education of the mothers.

The fact that it met a want was proved by the number of babies who came to it from all parts of the city, brought by the mothers and sent in by the doctors, by the eagerness with which the opportunity was sought, and the regularity of attendance even when distances were long and car fare hard to spare.

ITEMS

THE Visiting Nurse Association of Hartford, Conn., has moved its headquarters from 52 Spring Street to a larger apartment at 124 Windsor Avenue. The increasing demand for the visiting nurses' services has necessitated employing a fourth nurse, Winifred E. Moir, Backus Hospital (1906), Norwich, Conn. In addition to former work, the visiting nurse now investigates the home conditions of the patients from the Hartford Dispensary Clinic for Tuberculosis, and during the coming winter it is hoped to instruct tubercular classes. During the last year, social work among the children has been successfully conducted by Miss

A. H. McCormac, and in the summer months three hundred and seventy-two children have enjoyed outings in the suburban parks.

Miss Cabaniss and Miss Minor came to the Tuberculosis Congress from Richmond. They have a most gratifying development of their work in the nurses' settlement to report. The Board of Health of Richmond has appointed two nurses and has placed them under Miss Cabaniss' direction. They will do tuberculosis work and were sent to the congress with expenses paid by the Health Department. A lady has given the salary for another nurse so that there are now six in all with the head worker. The three new members are Miss Isaacson, Miss Edmundson, and Mrs. Kennard. A pleasant incident of the summer was that the Governor of Virginia loaned his summer home to the nurses of the settlement for their own recreation.

The X-ray in Dermatology.—The *American Journal of Surgery* says: Geyser concludes that the so-called X-ray burn is no more the direct result of the X-ray than the same reaction when the part has been exposed to the ultra violet X-ray, radium, or similar agents, and is, therefore, entitled to the name of radiodermatitis. The X-ray when brought into direct contact with the tissues is far more active than radium and furnishes clinically better results. There is no accurate means at present whereby the effect of the X-ray can be measured; the reaction is largely due to conditions existing within the body of the patient. The X-ray is not a cure-all, but has its indication in certain selected cases; whenever possible malignant growths should receive the benefit of radical removal by knife, cautery, or paste.

Hippocrates is still admired as the father of medicine, not for his theories, which are now merely historical curiosities; nor for his practice, which was doubtless poor enough; but for his method, which was sound and scientific as well as new; for his insistence on observation and study, especially of the patient; but above all, for his conception of disease as a natural rather than a supernatural phenomenon.—William T. Sedgwick in *Yale Medical Journal.*

LETTERS TO THE EDITOR

[*The Editor is not responsible for opinions expressed in this Department.*]

RED CROSS WORK IN MISSISSIPPI

DEAR EDITOR: Allow me to correct an error made in the letter department of the October JOURNAL, headed "Recognition of the Work of Southern Nurses." Red Cross nurses arrived in Hattiesburg, Mississippi, May 3, exactly nine days, instead of nearly two weeks, after the tornado. Furthermore we consider the work of Hattiesburg physicians, King's Daughters, citizens, and New Orleans nurses, all done in the *Red Cross spirit*, therefore it was hardly necessary to make any personal mention.

Troy, N. Y. ANNA M. BEADLE.

HOT SPONGING IN FEVERS

DEAR EDITOR: I would be glad if any of your readers who now use hot sponging instead of cold to reduce temperatures would kindly tell me at what temperature they use the water. I had an enteric patient whom I sponged with very hot water and afterwards rubbed over with spirits of wine. The result was a slight drop in temperature which was maintained for about eight hours. The kidneys which were sluggish acted after the sponge, the patient slept, and said she felt more comfortable and much less tired than after a cold sponge. I would be very grateful for any information on this point.

A NURSE IN INDIA.

THE GRADED REGISTRY

DEAR EDITOR: The question of who shall or shall not look after the poor and middle class sick in our communities will hardly be answered by the "Graded Registry" suggested by Miss Erickson. A nearer solution will be when nurses are compensated for their services as the members of other professions, for the individual case based upon the financial standing of the patient. Emphasizing a stated weekly stipend only helps to place nursing on the level of a trade. When the conditions suggested prevail generally then the graduate can give her services for

the care of the sick poor and not work a hardship either upon herself or those who may be dependent upon her. In connection with charity work let it be said that the position of the trained nurse is not the same as the members of other professions, in that her earning capacity, except from the case she is nursing, is at a standstill when she is busy. If, perchance, her service be gratuitous, she still has her living expenses to be met and these of necessity must be taken from her own pocket.

I certainly do recommend the sliding scale; one that slides up as well as down. I see no reason why a nurse should not receive a substantial fee from a wealthy patient for nursing him through, let us suppose, pneumonia. Not at the rate of $25 a week for four or six weeks, amounting to $100 or $150, but $500 or $1000 for the case regardless of the time that it takes her to nurse him back to health. When this is done the nurse can easily afford to care for the sick poor at little or no monetary return and besides the burden of nursing the sick poor will be placed upon those able to bear it and where it belongs, the moneyed class.

LOUIE CROFT BOYD, R.N.

THE NURSE AS AN ANÆSTHETIST

DEAR EDITOR: Having read the article entitled "The Nurse as an Anæsthetist" by Dr. J. M. Baldy, I ask for information as to where a nurse may receive training as an anæsthetist. A. H.

["I have had several similar letters to the one you send me and am at a loss to know just what to say in answer.

"At present there is no place to my knowledge where a nurse or anyone else could apply for a training in anæsthesia. As we all know the whole subject of anæsthesia is in a most deplorable condition and my remarks in my address to the American Gynæcological Society last spring were made in hopes of starting an active discussion of the whole matter and of eventually bringing about an improved condition of affairs. My appeal was to the medical profession and to hospital managers, incidentally pointing out to them a good source from which to draw material, a source from which I have myself drawn most successfully, at the Gynecean Hospital.

"Reforms come slowly and I had no hopes of a different result in this case. I do not believe an immediate and active demand will be created and possibly when the reform comes, as it surely will in time, other sources than the nursing profession may be drawn upon.

"In any event I am most pleased with the interest that has been

displayed (I have heard from nurses, women physicians, hospital managers and superintendents), and hope the discussion and thought which have been awakened may eventually bear fruit in a practical way.

"Thanking you for your own interest in the matter,

"Very sincerely yours,

"J. M. BALDY."]

THE SUFFRAGE

DEAR EDITOR: Having recently returned from a vacation of two months, during which time my magazines were not sent on to me, I have not until to-day seen the August and September numbers of the JOURNAL, in which the matter of woman suffrage is discussed. With my friends Miss Dock and Mrs. Kelly, I regret deeply the failure of our Associated Alumnæ to support the resolution of the Woman's Suffrage League, and in thinking the matter over, I am rather inclined to conclude that their action was due more to a lack of knowledge of what woman suffrage really means and involves, than to any deep-seated conviction that it is an undesirable and unworthy cause to support, for otherwise it hardly seems credible that such action could be taken by working women (such as we nurses are) who are also thinking women, if they have given careful study to this matter, which so profoundly affects not only the welfare of women but of the race. It seems as if with full knowledge of the movements which women are now making for the enfranchisement of their sex in almost every quarter of the globe, and of the historical events which have led up to them, we should not only find ourselves endorsing the workers for woman suffrage wherever we may find them, but might feel ourselves impelled to share as far as we are able in their heroic efforts. There is one thing assuredly which we nurses must believe, and that is that we have no right to take any action in ignorance of the full issues which are involved in it, and our responsibility is often as great for rejecting as for accepting a measure. For this reason, and because of the paramount importance of the subject, I suggest that our various alumnæ associations and societies of all kinds devote some time during the coming year to a real study of the subject. More than one evening might profitably be devoted to addresses from workers in this field, and our libraries might be enriched with the standard literature in this subject, beginning with John Stuart Mill's "Subjection of Women." One has only to look at the literature of the last few months to realize the full import of this matter. The great Reviews—the *Contemporary*, the *Fortnightly*, the *Nineteenth Century*—have all accorded a distinguished place to articles

on this subject, while here in America, even the staid and conservative *Atlantic Monthly* has in a recent number an excellent article on the "Working Woman and the Franchise." If no speaker is available, that need not discourage us, for a useful course of reading could easily be mapped out, and I would even go so far as to desire that a certain small proportion of selected material should find a place in the issues of our cherished JOURNAL, even though it should be desirable for the editorial columns to preserve an independent attitude. I commend the whole matter to the most respectful and serious attention of our nursing associations.

New York, October 14. ADELAIDE NUTTING.

THE SUFFRAGE

DEAR EDITOR: The JOURNAL'S assertion that the question of suffrage is not of sufficient interest to women of the nursing profession to warrant any but an indefinite stand being taken editorially, has surprised and disappointed many of its readers.

It has been stated in one of its editorial pages that nurses have to contend with political forces which oppose the advancement of the class to which they belong. In what other truly effective way can nurses contend with such forces except by becoming politically forceful themselves?

It would be interesting to know what the attitude of the JOURNAL will be when the extension of the suffrage to women becomes a reality, as it soon will be in England. When nurses, as citizens, are entitled to vote for legislation in furtherance of their interests, for efficient men and women in government, and for health measures, far-reaching in results, will the JOURNAL, editorially, still remain neutral and uninterested?

Surely the purpose of this periodical could still be maintained if its policies were not so severely technical as to exclude a word of approval for some of the large reform movements.

Those of us who were impressed recently by the vigorous support of suffrage shown by the English nurses, cannot but feel that the nurses of America, though spirited in *individual* matters, still lack the true spirit of the times, an awakening *social* responsibilty.

NORA K. HOLMAN, R.N.

THE SUFFRAGE—ANOTHER VIEW

DEAR EDITOR: As for the action in San Francisco relative to the suffrage question, let me say first that the Nurses' Associated Alumnæ did right in refusing to go on record in support of a movement that is

in no sense vital to the nursing profession. Equal suffrage, although a matter of justice, should not be an issue with the nurses of the country because their issue is a uniform training throughout the United States, and this can only be accomplished through the registration laws which in time should be made uniform.

Some day equal suffrage may be a political issue in one or more states. Should the Associated Alumnæ of Nurses side with the women who are working for equal suffrage, by going on record in writing and in print in favor of this movement, it might work seriously against the nurses in some state getting the law they should have. I know men and I know legislators well enough to know that they would quickly side against a nurse registration law which was pushed forward by women who were also working in favor of equal suffrage. As I said before registration for nurses is vital to us but equal suffrage is not and if we are going to win in the former instance, and lay the substantial foundation stones for a uniform curriculum, we must as a profession keep in the "straight and narrow path" and know no other end but this one. What individual nurses may think or do is of no import, but as associations, local, state and national, we must keep to our own interests. Such resolutions as those presented in San Francisco should be pigeon-holed and never see the light of day, for as associations it is wiser not to go on record either way, for or against.

LOUIE CROFT BOYD, R.N.

LONG HOURS OF PRIVATE DUTY NURSES

DEAR EDITOR: There has been a great deal of discussion about various difficult phases of nursing, one, which has perplexed me for years, being why there are so many nurses who do inferior work, and I finally saw that one reason is that nurses on private duty are so often called upon to do more than twelve-hour duty. No matter how light a case may be considered, the nurse requires eight hours of rest from care or nervous strain, and if she is expecting a patient to call her during the time that she is supposed to rest, she is not free from strain. Nursing is the hardest of all professions because the responsibility is so great, for the nurse is entrusted with a human life, and I say that she needs the best rest, rest at night.

Things can be arranged, in any way that is best, if people only wish to do it. Three-fourths, I think it is safe to say, of my patients are not in extreme danger, and if only one nurse is on a case the patient will do better if the nurse is on during the day. The patient then receives

the full quantity of nourishment and medicine and water during the day and will rest better at night. The one who cares for the patient during the nurse's absence will swear that the full quantity of water, nourishment and medicine has been given, and in many instances I know that to be untrue by the way the patient takes the first portion that I administer. They do not want it, and I know that they have not been made to take it; or else I know by the patient's condition. I am sure that the patient's worst time is not after 2 A.M. if they have been properly nourished and are protected from the change of temperature at that time, as it then always gets cool; and it is usually the patient's best time as all the world is then in sleep. That is the sleepiest time of the twenty-four; it was for our ancestors and we have inherited the same propensity, and if there is absolute quiet and the light out, many times, and the habits and natural requirements of health enforced during illness, little else is needed.

Not long ago a doctor spoke of a woman being a good nurse and very strong. I asked: "How long do you think she will remain strong?" and he replied: "Fifty years if she nurses right and if she nurses wrong, she will be worn out in ten years." He, though a very busy physician and a good one, helps the nurse in securing her rest by giving the subject his personal attention.

When the house is not perfectly comfortable, I think the nurse should go to her own room to rest, and thus she has the best of rest.

Do you think it would be a benefit to patients in hospitals, having one special nurse, if that nurse were on during the day? If a nurse is required at night, it is almost safe to say that two specials are required. If the patient in the hospital receives the most of his nursing during the day and is made comfortable for the night, would he not receive more rest at night and improve more rapidly? Of course this applies to patients that are not in extreme danger. If the practice of day nursing were adopted by the hospitals, when there is one special on a case, it would be a good precedent in favor of the nurse's rest. The nurse would not be looked upon as a commodity for the convenience of others, depriving her of her natural hours of rest. In private homes, a member of the family can afford to lose the rest as it is not a life work with them.

Men are paid twenty-five and thirty dollars and still more for work of eight and ten hours per day that is not as hard as nursing, and why should nurses be called upon to do things harder than anyone else, when thought on the part of the physicians would lessen it somewhat?

I cared for the sickest patient that I ever saw recover by giving him

his medicine, milk and water from 6 A.M. till 10 P.M., and he took two quarts of milk and two of lithia water during that time each day. The physician said that one dose of the two medicines which were compatible between those times would be sufficient. The daughter slept in the room and gave the medicine about 4 A.M. and the patient was better for his stomach's rest of six hours. It was a case of subacute Bright's disease in September, a man 68 years old. He has been walking about since December.

E. C. H., R.N.

ANOTHER OPINION OF DR. BARRUS' BOOK

DEAR EDITOR: The review of Dr. Barrus' book, "Nursing the Insane," in the October issue of your valuable magazine, contains statements that make it seem unwise to leave the subject as it now stands. It gives the impression that "Nursing the Insane" is not a text-book in the technical sense. To those of us who know the work of which it treats, it comes as a boon, because in its own line it is technical and dwells upon the things that every one working among the insane must know. It is because of the reviewer's lack of understanding of insane nursing that it seems to her not practical. It is not meant at all to take the place of text-books on general nursing, anatomy and physiology, obstetrics, etc., but is just what its title conveys, a text-book on nursing the insane, and will prove a valued text-book on this subject in the training schools connected with the insane hospitals.

The second evidence of unfamiliarity of the present status of nursing for the insane is shown in the second paragraph which states: "But what is actually true concerning nurses who make up the majority in the enormous insane hospitals throughout the country, are they not for the most part drawn from the sources which provide the domestic rank and file?"

This is not true to-day. To those familiar with the nurses in our hospitals for the insane and with the work they are doing, which calls for and receives the highest qualities of heart and mind, this statement seems so unjust that we cannot let it pass unchallenged. The depths from which the care of the insane has risen were no deeper than those from which the nursing in general hospitals has risen, but our training schools are not so old, and consequently the work that is being done in them and the calibre of the nurses are not so well known.

The standard of the schools and pupils is shown by the fact that many of the New York State Hospitals are fully registered and graduates from these schools are registering.

State Hospital, Rochester, N. Y. MARY ELIZABETH MAY, R.N.

OFFICIAL REPORTS

All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 18th of the month.]

ANNOUNCEMENTS

ASSOCIATED ALUMNÆ COMMITTEES

THE following committees should be added to those published in the July JOURNAL. Public Health Committee: chairman, Mrs. A. R. Colvin, 30 Kent Street, St. Paul, Minn.; Minnie Ahrens, Provident Hospital, Chicago; Mrs. Catherine C. Pottenger, Pottenger Sanitarium, Monrovia, Cal.; Mrs. Edith Baldwin Lockwood, Granby, Conn.; Mrs. A. C. Hartridge, Pine Heights Sanitarium, North Augusta, South Carolina. Almshouse Committee: chairman, Miss L. L. Dock; other members of last year reappointed with the added name of Mrs. L. J. Lupinski, Grand Rapids, Michigan.

SARAH E. SLY, Secretary.

DISTRICT OF COLUMBIA EXAMINATION

THE Nurses' Examining Board of the District of Columbia will hold examination of applicants at the Garfield Hospital, Washington, on November 16, from 9 A. M. until 4 P. M. All applications must be in by November 1.

KATHERINE DOUGLASS, R.N., Secretary and Treasurer.

A SUPERINTENDENTS' ASSOCIATION IN NEW YORK.

THE superintendents of training schools for nurses in Greater New York have formed a local society to be known as the League for Nursing Education. While the objects of the association will be similar to those of the American Society of Superintendents of Training Schools for Nurses, it is hoped also to promote more professional intercourse among those engaged in all nursing work in New York City.

Eight meetings are to be held during the season.

Eligibility to membership in the American Society of Superintendents qualifies one for membership in the league, and all superintendents of nurses and their assistants will be cordially welcomed.

Mary A. Samuel, of Roosevelt Hospital, is president and Mabel Wilson, of St. Luke's Hospital, Cathedral Heights, the secretary.

MABEL WILSON, Secretary.

REPORT OF HOSPITAL ECONOMICS COURSE

THE tenth year of the course in Hospital Economics at Teachers' College opened September 23, 1908, with a registration of fifteen students: Harriet Bailey, graduate of Johns Hopkins Hospital Training School, Baltimore, Md.;

Jennie Berry, graduate of Training School of Central Maine Hospital, Lewiston, Maine; Louie Boyd, graduate of Colorado Training School, City and County Hospital, Denver, Colorado; Eliza Davis, graduate of Long Island College Hospital, Brooklyn, N. Y.; Bertha Erdmann, graduate of St. Barnabas Hospital, Minneapolis, Minn.; Josephine Lalor, graduate of Garfield Memorial Hospital, Washington, D. C.; Carlotta Marshall, graduate of Massachusetts Homeopathic Hospital, Boston, Mass.; Mary C. McKenna, graduate of Fall River Hospital, Fall River, Mass.; Linette Parker, graduate of Union Hospital, Fall River, Mass.; Louise Powell, graduate of St. Luke's Hospital, Richmond, Va.; Gustava Silleox, graduate of German Hospital, New York, N. Y.; Bessie Simmons, graduate of Boston City Hospital, Boston, Mass.; Bertha Staley, graduate of Johns Hopkins Hospital, Baltimore, Md.; Isabel Stewart, graduate of Winnipeg General Hospital, Winnipeg, Manitoba; Effie Taylor, graduate of Johns Hopkins Hospital, Baltimore, Md.

The course of study has been so altered that the line between the first and second year's work is quite definitely drawn, the first year giving comparatively few electives, the second giving a wider range than hitherto offered, so that the student may, as far as possible, in the second year specialize in the line for which she is particularly fitted. The courses newly opened to the students this year are:

Two in Columbia in Social Economy, by Dr. Devine—The Standard of Living, Poverty and Relief.

Two in Barnard in Sociology, by Prof. Simkhovitch—The Industrial Family, Social Progress of Cities.

One in Barnard, by Prof. H. L. Moore—Outlines of Economics and Practical Economics.

An important addition to our special lectures is a course to be given by Miss Lillian D. Wald, head worker of the Henry Street Settlement, during the month of November.

At Teachers' College Dr. Wood's Extension Course, Public and Social Hygiene, is also open to the students. This should prove particularly valuable, as it includes the following topics: responsibility of the individual for the health of the community; causes of preventable diseases; characteristics, habits, and modes of conveyance of disease germs; special measures for the prevention and control of tuberculosis, small-pox, malaria, yellow fever, diphtheria, rabies, and other special forms of communicable diseases; regulations applying to quarantine, disinfection and fumigation; sanitary principles relating to house construction and care; street cleaning and disposal of waste; supply of food, air and water; sanitation of public buildings; climatic hygiene and hygiene of occupation.

It is exceedingly interesting to note that there are four scholarships provided this year for the students of this class: from the college, one; from the Superintendents' Society, two; from the Johns Hopkins Hospital, one.

There are also two students with appointments from the college calling for a certain amount of student assistance, in return for which they receive either the whole or a part of their tuition.

Among the hundreds of students at the college, each seeking for something to equip herself more fully for the work she wishes to do, is a young woman planning later to enter a prominent training school for nurses, who is devoting

a year to preparation here. She is taking work in elementary chemistry and physics, physiology, bacteriology, hygiene, food production and manufacture.

ANNA G. HAYES, Assistant in Hospital Economics.

STATE MEETINGS.

MICHIGAN.—The Michigan State Nurses' Association, at its annual meeting held in Ludington, June 30 and July 1 and 2, had presented the following resolution which was unanimously adopted:

Resolved, That a letter be sent to the officers of the Michigan Society for the Study and Prevention of Tuberculosis, expressing the interest of the Association in the work they are undertaking, pledging its help to secure members and its aid to make the Michigan exhibit at the international congress in Washington a success.

This resolution was engrossed and sent to Dr. A. S. Warthin to be made a part of the State Anti-tuberculosis Exhibit.

The executive board, at its meeting held September 2, voted to send fifteen dollars to help defray the expenses of this exhibit.

FANTINE PEMBERTON, Secretary.

NEW JERSEY.—On September 22, a special meeting to consider amendments to the constitution was held by the New Jersey State Nurses' Association at the Free Public Library in Newark.

It was called by the executive board, and the vice-president, Frances Dennis, presided. In accordance with a request from the General Federation of Women's Clubs, a committee of four was appointed to look into conditions at county almshouses, with a view to establishing nurses in them.

Nora K. Holman reported that the health committee of the State Federation of Women's Clubs, of which she is a member, was going to urge all clubs which had a civic department to appoint a health committee, and that it would send out circulars and would try to institute a public health day, when lectures will be given on the subject and other ways of observing it be practiced.

Helen D. Stephen, the secretary, and Mary F. Dawes were appointed delegates to the annual meeting of the State Federation, October 10, and Miss Dennis was chosen to serve with them as a nominating committee to make out a ballot for officers of the federation. Mary McKechnie was named a delegate to the International Tuberculosis Congress at Washington, and four new members were elected. They are Christine MacMillan, Helen Demarest, Mary Coughlin and K. J. Tinsomault, all of Paterson.

The amendments to the constitution considered provided, among other things, for the holding of the annual meeting in May and for a second regular meeting in December. The next session will be in Plainfield, December 1. The constitution will then be voted upon.

HELEN D. STEPHEN, Secretary.

OKLAHOMA.—The graduate nurses of Oklahoma met in convention on September 1 and organized a state association with the following corps of officers:

president, Rae L. Dessell, R.N.; vice-presidents, Gertrude Kluehr, Mrs. N. H. Hinds, Sarah A. Knott, Sara Moore, Miss Key, Miss Furgeson, Jennie Others; secretary, Martha Randall; treasurer, S. B. Weir.

The vice-presidents were chosen with a view to distributing the work over the various counties having training schools, and inspiring state-wide interest. There were present twenty-two of the representative nurses of the state, and a splendid work was accomplished. Oklahoma was in sore need of such organization and its nurses are pleased with their initial step. They are now working on a bill for state registration which they hope will be passed at the next session of the Legislature.

The establishing of an official registry was discussed as well as other items of local interest.

The convention was held in the Graduate Nurses' Clubhouse, and the guests were entertained by the members. The Association adjourned to meet in Guthrie, October, 1909.

A pleasant hour was spent, after adjournment, in friendly intercourse and hearty handshaking. Light refreshments were served.

At the evening session, eminent persons outside the nursing profession were present.

MARTHA RANDALL, R.N., Secretary,
136 West 6th Street, Oklahoma City.

REGULAR MEETINGS

CHICAGO, ILL.—The Illinois Training School Alumnæ Association has completed the full endowment of its rooms for sick members in the Presbyterian Hospital. It has issued a very attractive calendar for the year which contains names and addresses of officers, the program for each meeting of the year, the names and addresses of members, its constitution and code of ethics. The program for the September and October meetings were as follows: September, "Care of the Convalescent," Mary R. Lawther; "Occupations for Invalids," Anna Johanni; "Care of the Aged," Jessie Breeze; "Duties of the Permanent Nurse," Bertha Sargent. October: "Care of Contagious Cases at Home," Belle M. Smith; "How to Amuse the Convalescent Child," Mary C. Ledwidge; "Heart Affections in Children," Jessie F. Christie; "Pneumonia in Children," Mrs. Clara Kelly.

Miss Pickhardt is president of the association. Mrs. Tice is chairman of the program committee.

CHICAGO, ILL.—At the annual meeting of the Lakeside Hospital Alumnæ Association in September, the following officers were elected: president, Caroline Soellner; vice-president, May Glanville; secretary, Margaret A. Hamilton; treasurer, Irene Griswold.

CLEVELAND, OHIO.—On September 24, the Alumnæ Association of Lakeside Hospital held a birthday tea at the hospital. The invitation to the tea was accompanied by a tiny silk bag to be filled with as many pennies as the sender was years old, or more. Over $1,150.00 was realized.

At the October meeting of the association it was decided to hold a bazaar in November, 1909. The money left from the graduating class party was given to the Babies' Dispensary and Hospital.

BOSTON, MASS.—A whist party in aid of St. Elizabeth's Hospital was held in the hospital parlors on the afternoon of October 9. Mrs. Broderick and Mrs. Odell presided. About seventy were present and the occasion was a very enjoyable one and a financial success. It is hoped to continue the whist parties through the winter.

BOSTON, MASS.—The Alumnæ Association of St. Elizabeth's Hospital held a whist party and dance at Catholic Union Hall on the evening of October 28. The patronesses were Mrs. Felix McGin, Mrs. Katherine O'Toole, and Mrs. Thomas Travell. The proceeds are to be devoted to the hospital fund.

PATERSON, N. J.—The Alumnæ of the Paterson General Hospital held their monthly meeting on October 6. It proved very interesting, a large number of nurses being present. After the business was attended to a pleasant social hour was spent, refreshments being served by the committee appointed for that purpose.

JAMAICA, N. Y.—The graduates of the Jamaica Hospital Training School for Nurses have formed an alumnæ association to meet at the hospital the first Thursday afternoon of each month. Miss K. Pearle Jones, R.N., is secretary.

ST. PAUL, MINN.—The Ramsey County Nurses' Association held its annual meeting on Thursday, September 3, at which the following officers and board were elected: president, Etta Jannisch; vice-president, Edith Brown; secretary, Frances Pace; treasurer, Bessie Donnelly; executive committee, Misses Wood, Holl, Loftus, McPherson, Theobald.

At Miss Patterson's suggestion, the executive council was asked to consider adding a by-law that all members must be registered nurses, though the title of R.N. would not of itself insure membership in the association. The monthly meetings are to be held with Miss Wood at 35 Aurora Avenue.

GRAND FORK, NORTH DAKOTA.—The graduate nurses of Grand Forks County held a meeting on September 8, and organised the Grand Forks County Graduate Nurses' Association. The following officers were elected: president, L. Mae McCulloch; vice-president, Miss M. Hanson; secretary and treasurer, Dorothy Mott. The following chairmen of committees were named: Credentials, Mrs. B. W. Pratt; Entertainment, Bertha Simons; Ways and Means, Emma Long. A graded registry will be kept at St. Michael's Hospital, Grand Fork.

NEW YORK, N. Y.—For many years the colored graduate nurses wished to organize and form a national association. Martha Franklin, graduate of the Woman's Hospital of Philadelphia, now a private nurse in New Haven, made a call to the four hundred and fifty colored graduate nurses in the United States. Fifty-nine enthusiastic young women from the best hospitals of the country responded to the call, and assembled at St. Mark's Methodist Episcopal Church, 53rd Street, New York City, August 25–27.

The program rendered was one that they may well be proud of, because it has shown that a wonderful work is being done by the colored nurses throughout the United States.

On Tuesday evening, August 25, fraternal greetings were received from the National Medical Association (colored) convening in Plaza Assembly Rooms.

On Wednesday morning, Dr. William H. Brooks, pastor of St. Mark's Church, made an address of welcome. He voiced the sentiment of all by saying: "Trained nursing is more than merely a profession and means of livelihood for our young women, it is a mental and moral uplifting." In the afternoon, Miss Franklin, president, introduced Miss Trent, the president of Lincoln Hospital, N. Y., Alumnæ Association, who took charge of the program.

Miss J. E. Hitchcock of the Henry Street Nurses' Settlement, extended to the members an invitation to visit the settlement. Friday morning twenty-one of the nurses accepted her invitation and spent a few hours in a very interesting and profitable manner. Miss Lillian Wald, head worker of the settlement, told them of the work that the nurses of the settlement are doing. Miss Hitchcock showed them the dispensary, and different homes which are fitted up as clubrooms, gymnasiums and kindergartens for the poor of the community.

Thursday afternoon, August 27, organization was effected under the name of "The National Association of Colored Graduate Nurses," with the following officers installed by Miss C. Beatty of Lincoln Hospital, New York City: president, Martha M. Franklin, 217 Dixwell Ave., New Haven, Conn.; first vice-president, Viola V. Symons, Mt. Vernon, Ohio; second vice-president, Edith M. Carter, New York, N. Y.; recording secretary, Mary F. Clarke, Richmond, Va.; corresponding secretary, L. Viola Ford, Charleston, S. C.; treasurer, Adah B. Samuels, New York, N. Y.

Many physicians, not on the regular program, delivered short addresses, which greatly inspired the members in this their first effort of combining and forming a foundation for a greater work.

The convention adjourned Thursday afternoon to meet the last Tuesday in August, 1909, in Boston, Mass., all feeling that their higher ideal was accomplished.

The program was as follows:

Tuesday, 10 A. M. Invocation, Rev. Wm. H. Brooks. Address of Welcome, Adah B. Samuel, New York City. Response, Martha M. Franklin, New Haven, Conn. Appointment of temporary officers. Colored Visiting Nurses' Association of Philadelphia, Octavia Wilson, Philadelphia, Pa.

Tuesday, 2 P. M. The Nurse Herself, Dr. George C. Hall, Chicago, Ill. The Demands for Nurses and Their Qualifications, Dr. R. F. Boyd, Nashville Tenn. Practical Points in Nursing, Dr. E. P. Roberts, New York City.

Wednesday, 10 A. M. Settlement Work in New York, Edith M. Carter. Community Nursing on St. Helena's Island, L. Viola Ford, Charlestown, S. C

District Nursing in London, England, Mittie White, Augusta, Ga. Question box.

Wednesday, 2 P. M. Address, by President of Lincoln Hospital Alumnæ Association. Advancement of the Profession, Miss S. E. Poole. Obstetrical Nursing, Mrs. R. L. Williams. Professional Etiquette, Miss A. L. Marin.

Thursday, 10 A. M. Invocation, Rev. John W. Johnson. Private Nursing in Washington, D. C., Myntha C. Hankins. Septicæmia, Mary E. Merrit, Leavenworth, Kan. Is Trained Nursing a Necessity? Cora M. Garner, Kansas City, Kan.

Thursday, 2 P. M. Business session.

ROCHESTER, N. Y.—The Alumnæ Association of the Rochester City Hospital, held its annual meeting October 13, at which the following officers were elected for the ensuing year: president, Marie T. Phelan; first vice-president, Harriet Glidden; second vice-president, Helene Hascott; treasurer, Marjorie Austin; recording secretary, Katherine Kimmich; corresponding secretary, Carlotta M. Herman. Mary E. May was elected a member of the Advisory Committee to succeed Harriet Glidden.

Delegates to the state convention at Buffalo were appointed, also to the Rochester City Federation of Women's Clubs, of which the association is now a member. The meeting was followed by the usual social hour. Refreshments were served, the tea used being the gift of one of the members recently returned from the Philippines.

PERSONALS

ALMA WOOD and Allie E. Butler of Evansville, Indiana, attended the Indiana state meeting as delegates.

HELEN DRAPER, secretary of the Lakeside Alumnæ, Cleveland, was sent as delegate to the Ohio state meeting.

MOLLIE HANSEN, class of 1908, Lakeside Hospital, Chicago, has accepted a hospital position in Flandreau, South Dakota.

LORA THOMAS has accepted the position as head nurse of the Prairie du Chien Hospital, at Prairie du Chien, Wisconsin.

MADELINE SMITH, St. Luke's, Chicago, has taken charge of the infirmary at the Adirondack Cottage Sanitarium, Trudeau, N. Y.

FLORENCE N. E. LEVENSALER, a graduate of the Boston City Hospital, is now in charge of the Diphtheria Hospital, Cambridge, Mass.

MAUD LANGSTON, Presbyterian Hospital, Chicago, 1907, has been placed in charge of the operating rooms of St. Peter's Hospital, Helena, Mont.

ANNA MARION BEADLE, R.N., takes Miss Hibbard's place as superintendent of Leonard Hospital, Troy, N. Y. Miss Beadle has been Miss Hibbard's assistant.

FROM a number of candidates, Flora Moore was selected by the school board of Orange, New Jersey, to coöperate with Julia Bronis as visiting school nurse.

DOROTHY MOTT, formerly at St. Joseph's Hospital, St. Paul, has accepted the position of superintendent of nurses at St. Michael's Hospital, Grand Fork, North Dakota.

CHOKO SUMO, the Japanese Red Cross nurse who is taking graduate work in this country, is devoting some time to certain subjects in the Hospital Economics course.

ETHEL O. BROADIE, a graduate of Laconia Hospital, Laconia, New Hampshire, has accepted the position of head nurse in the Portsmouth Hospital, Portsmouth, N. H.

IDA A. NUTTER, R.N., has resigned her position as superintendent of Laconia Hospital, Laconia, New Hampshire, after six years of service, and will rest before taking up new work.

EURETTA P. KINGSBURY, Lakeside Hospital, Cleveland, and New York Lying-in Hospital, has recently been placed in charge of the Maternity Department, Presbyterian Hospital, Chicago.

ANNA E. LAUGHLIN, former clinic nurse of Jefferson Medical College Hospital, Philadelphia, has accepted the position of directress of the training school for nurses in the same institution.

MARY E. WELCH, class of 1907, has been appointed assistant to the superintendent of nurses, Jackson Sanatorium Training School for Nurses, with special charge of the department of hydrotherapy.

FLORENCE E. PAGE, class of 1908, Jackson Sanatorium Training School for Nurses, Dansville, N. Y., has been appointed night supervisor at the New York Infirmary for Women and Children, New York City.

FLORENCE BURT, graduate of the Illinois Training School, for five years superintendent of the Presbyterian Hospital, Waterloo, Iowa, has accepted a position on the staff of the Presbyterian Hospital, Chicago.

THE many nurses who have known Miss Sly as interstate secretary, and now as secretary of the Associated Alumnæ as well, will be sorry to hear that she has been ill for some weeks and is not as yet much improved.

KATHERINE ZUBER, superintendent of the Mary Jane Gilbert Memorial Hospital, Evansville, Indiana, has returned from a three months' tour of Europe, where she visited many hospitals, spending most of her time in Germany.

MISS E. DECHANTE, of the University of Pennsylvania, is now supervising nurse at the Overlook Hospital, Summit, New Jersey. A training school is about to be formed in connection with this institution in which she will take part.

MISS GOODRICH went out to Tiffin, Ohio, recently on the invitation of Miss Annie Laws, president of the Ohio State Federation of Women's Clubs, to speak on the relation of the new department at Columbia to the home and family.

GOVERNOR BUCHTEL, of Colorado, recognized the State Board of Nurse Examiners by asking Louie Croft Boyd to act as one of the delegates from Colorado at the International Congress on Tuberculosis. Miss Boyd is in New York, taking the course in Hospital Economics.

ELIZABETH WRIGHT, Royal Victoria Hospital, Montreal, and Eda Offerman, Columbus, have recently been appointed to positions in the operating rooms of the Presbyterian Hospital, Chicago, and Miss E. M. Craig, Royal Victoria Hospital, to a headnurseship of one of the private floors in the new pavilion.

JESSIE M. JONES, class of 1906, Protestant Episcopal Hospital, Philadelphia, who has been night supervisor for the past year, has succeeded Margaret L. Dimm as one of the assistants to the chief nurse, with the duties of hospital housekeeper. Hester Thomas, class of 1907, who has had charge of the Receiving Building, has succeeded Miss Jones as night supervisor, Ada Fraelich, class of 1908, taking charge of the Receiving Building. Irene Ramage, class of 1906, who has had charge of Harrison Memorial Home for the past two years, has resigned to take up private nursing. Margaret MacCulley, class of 1896, has been appointed superintendent of the American Hospital, Havana, Cuba, and has as her assistants Mary E. Goode and Emily W. Lomax, class of 1908.

ANTOINETTE KNAPP has returned from Germany where she spent the summer with relatives, and will resume private work in Orange, New Jersey. Miss Norris, a graduate of the General Hospital, Paterson, has left Orange, where she has nursed for some years, to take up private duty in Pasadena. Miss Wightman, a graduate of Orange, has been obliged to return to her home in Ireland, where she will remain for some time. Miss Kinney, a graduate of the Orange Memorial Training School, has been appointed head nurse at the new County Isolation Hospital, at Belleville, New Jersey. Beulah Overholzer, Orange Memorial Hospital, has accepted the position of district nurse in New Brunswick, where the work is in its infancy and will doubtless benefit by the experience Miss Overholzer has gained in the Visiting Nurse Settlement in Orange. During part of the summer she was in charge of the tuberculosis camp for crippled children at Bradley Beach, in connection with the Orange Fresh Air Work. Kate Baker, class of 1896, Orange Training School, is about to leave Orange, where she has worked for so long, to take up nursing in Honolulu. Lottie Layton finds her work in Manila so attractive and has met with such marked success during her year of instruction, that she has signed an agreement to remain four years longer.

BIRTHS

IN October, a son to Dr. and Mrs. John Phillips. Mrs. Phillips was Cordelia Sudderth, class of 1904, Lakeside Hospital, Cleveland, Ohio.

ON September 17, at Pittsburgh, a son to Dr. and Mrs. William A. Wycoff. Mrs. Wycoff was Miss McMullen, class of 1901, Western Pennsylvania Hospital.

ON September 17, at Buffalo, N. Y., a daughter to Mr. and Mrs. A. F. Upper. Mrs. Upper was Miss McCready, class of 1907, Western Pennsylvania Hospital.

On September 27, a daughter to Reverend and Mrs. Starwaldt, Mulberry, Indiana. Mrs. Starwaldt was Caroline Deutzer, class of 1903, Passavant Hospital, Chicago.

On September 28, at the Homeopathic Hospital, Rochester, N. Y., a daughter to Mr. and Mrs. George Eddy. Mrs. Eddy is a graduate of Faxton Hospital, Utica, class of 1902.

On September 6, at Westminster, Mass., a daughter to Mr. and Mrs. F. G. Parcher. Mrs. Parcher was Miss Perkins, class of 1904, New York Infirmary for Women and Children.

MARRIAGES.

In September, Austa White, class of 1904, Lakeside Hospital, Cleveland, to Herbert Engel.

Arena Hunche, of Evansville, Indiana, to Lawrence Oucley. They will live in Evansville.

In August, Leah Fish, class of 1906, Presbyterian Hospital, Chicago, to F. H. Hayden, M.D.

In August, Marabelle Baldwin, class of 1908, Presbyterian Hospital, Chicago, to E. S. Evans, M.D.

In September, Florence I. Moorehead, class of 1904, Lakeside Hospital, Cleveland, Ohio, to Ralph Waldo Elliot, M.D.

On September 2, in New York, Louise Robinson, class of 1905, General Protestant Hospital, Ottawa, to Harry Swan of Ottawa.

On September 30, at Manson, North Carolina, Ada Beardsley, to William Andrew Wallace, M.D. They will live at Spartansburg, South Carolina.

On September 23, Jean B. Crosser, class of 1904, Western Pennsylvania Hospital, to Frank Boyde Theakston. They will live at Brownsville, Pa.

On September 9, at Butler, Pa., Eleanor Hayes, class of 1905, Western Pennsylvania Hospital, to James N. Stanton, M.D. They will live in Pittsburgh.

On September 9, at La Porte, Indiana, Grace E. Ward, class of 1899, Illinois Training School, to Joseph L. Johanni. They will live at Union Centre, Indiana.

On October 6, Ruth Baker, class of 1904, Orange Training School for Nurses, to Edwin Shepherd Hulse of Long Island, where they will live for the present.

On September 25, at Berlin, Ontario, Lena M. Staufer, class of 1904, Passavant Hospital, Chicago, to Mr. Brubacher. They will live at Breslau Road, Canada.

On July 28, Myra Jones, for several years one of the assistants to the superintendent of nurses, Presbyterian Hospital, Chicago, to D. J. Davis, M.D. They will live in Chicago.

On September 22, at Somerville, Mass., Lillian Hall MacCallum, class of 1903, Massachusetts General Hospital, to Carroll H. Ricker, M.D. They will live at Block Island, Rhode Island.

On September 3, at Port Royal, Pa., Margaret Louisa Dimm, class of 1905, Protestant Episcopal Hospital, Philadelphia, to Jesse Eugene Mateer. They will live at Wilkinsburg, Pa.

In April, at Pullman, Washington, Sara Kate Philp, R.N., class of 1902, New York Infirmary for Women and Children, to Rev. Willard H. Roots. They will live at Pullman, Washington.

On July 6, at Asacog House, Brooklyn, Selma Florence Tyler, R.N., class of 1905, New York Infirmary for Women and Children, to Henry Fergusen Sheppard, M.D. They will live at South Shields, England.

On July 30, at Clairmont, Jamaica, West Indies, Sara L. Parmther, R.N., class of 1905, New York Infirmary for Women and Children, to Hon. John Robertson Watson. They will live at The Oaks, Morant Bay, Jamaica, West Indies.

DEATHS.

On August 3, at her home in Phillipsburg, Pa., after a long illness, most bravely borne, Margaret Perry, class of 1904, Orange Training School.

May Rafferty, a graduate of St. Mary's Hospital, Detroit, and a member of the alumnæ association of the school, died recently. She was faithful to her profession and gave diligent, gentle, and sympathetic attention to the suffering who came under her care. She was esteemed by all who knew her, and her associates feel that they have lost a valued and honored member of their society.

After an illness of but one day, Mrs. Ralph C. Wiggin died recently at the Massachusetts Homeopathic Hospital, Boston, where she had been taken for an operation for appendicitis. Mrs. Wiggin was Alice Munroe Harrington, of Lexington, and a graduate of the Homeopathic Hospital. She was married to Dr. Wiggin but four months ago. Her sudden death is a great shock to her old associates.

On September 23, at the Brattleboro Memorial Hospital, Vermont, Mrs. Sara Reeves Langstrom, graduate of Lynn Hospital, Lynn, Massachusetts, after an illness of many months borne with great fortitude.

For two years Mrs. Langstrom was a missionary nurse in Alaska for the Episcopal Church. The hardships she endured there brought on an acute nephritis with almost total blindness. Late in 1907, she sailed from Seattle for Panama and was sufficiently benefited by the voyage to travel to Philadelphia. While there she spoke of her work in Alaska to the alumnæ of the University of Pennsylvania training school and to the Graduate Nurses' Club. Her death will be a shock to her numerous friends, among them many Spanish-American War nurses. Mrs. Langstrom had a noble character, was devoted to her profession, was gifted with personal magnetism, and had a kind word and good cheer for every one. She was buried at Lynn on September 25.

HOSPITAL AND TRAINING-SCHOOL NOTES

THE new nurses' home in Claremont, N. H., in connection with the General Hospital, was dedicated with suitable exercises on August 21.

THE graduating exercises of the class of 1908 of the New York City Training School for Nurses were held on October 17 at the nurses' home on Blackwell's Island.

THE Washington University Hospital, St. Louis, Mo., graduated its first class of nurses, five in number, on June 11. K. A. Weber, Mary A. Lannigan, Jennette A. Anderson, Ora Wright, and Ruby Reely were the graduates.

THE Graduate Nurses' Registry of Evansville, Indiana, organized on April 1 of this year, has been very successful. There are over fifty names on the registry and not only trained nurses, but practical nurses and those giving massage may register, thus centralizing all calls. The doctors and patients have shown their appreciation of the convenience of a central place for all such service by increased patronage.

THE report of the Antituberculosis League of Cleveland is issued in a handsome booklet with illustrations. A chart at the beginning shows the different charities and organizations in the city which are helping the work and each other. One interesting feature of the work there is the children's tent colony, where this past summer twelve tents sheltered twenty tuberculous children and their care-takers.

A REPORT is at hand of the Rome, N. Y., Hospital and Training School. It has good illustrations which give the impression of an excellently equipped institution. The hospital accommodates, we judge, about twenty-five patients, of all classes of illness. It had not sufficient room for all who applied during part of the year. The nurses' quarters have been made more adequate and the number of pupils can now be increased to fourteen.

THE graduating exercises of the Jackson Sanatorium Training School for Nurses, Dansville, New York, were held on the fiftieth anniversary of the founding of the institution, October first, at seven P. M. An address was given by Dr. Ward, president of Wells College, Aurora, New York. After the administration of oath, diplomas were presented to Estelle Parrott, Ethel G. MacEdward, Marian C. Mason, Marie Paterson, Florence E. Page and Bessie M. Van Wagenen.

A REPORT of the tuberculosis work of Bellevue Hospital and Dispensary, illustrated, gives an excellent idea of the work done in the dispensary, the tuberculosis clinic, the children's clinic, and the day camp on the abandoned ferry boat. At the present time four graduate nurses are employed in the tuberculosis department of the dispensary with one pupil nurse, each having six weeks of the training. On the boat is one nurse with a corps of assistants. A large number of needy cases are reached.

A REPRINT from the *Archives of Pediatrics* gives an address by Dr. Gerstenberger of Cleveland on "The Modern Babies' Dispensary." It is a comprehensive survey of the dispensaries for babies here and abroad, showing the distinct difference in usefulness between those in which a nurse dispenses clean milk made up by stock formulæ and those in which there is careful scientific study of babies, sick and well, with a primary effort to establish and continue breast feeding. Every one working in these lines or interested in them should read this pamphlet.

THE first annual commencement of the Hackley Hospital Training School for Nurses was held at the Women's Club Building, Muskegon, Michigan, on the evening of September 16. Two nurses were graduated, Anna A. Ewing, Lansing, Mich., and Sylvia M. Erb, North Branch, Mich.

The addresses to the nurses were made by the Rev. A. Hadden and Dr. John VanderLaan and by Miss Linda Richards, superintendent of nurses, Michigan Asylum for the Insane, Kalamazoo, who also administered the modified Hippocratic oath to the graduating class. The exercises were followed by a reception and dancing.

PLANS are being prepared for a new nurses' home and training school for nurses, to be erected on the grounds of the Kings County Hospital, Brooklyn. The building will be five stories high, and will be constructed of red brick, with limestone and terracotta trimmings. On the first floor will be the quarters of the superintendent, a library, demonstration classrooms, study rooms, a lecture hall, two reception rooms, the nurses' dining room, and several bedrooms. The second, third and fourth floors will be occupied by bedrooms, and on the fifth floor will be a gymnasium and a sun parlor.

THE graduating exercises of the St. Agnes Hospital Training School for Nurses, Philadelphia, were held in the study hall of the hospital, September 24. The program was opened with a prayer and address by the Rev. G. J. Nusstein, C.ss.R. Diplomas were conferred by Dr. A. O. J. Kelly, chairman of the training-school committee. Medals were presented by Sister M. Borromeo, O.S.F., Superior of the hospital. The graduates were: Sister M. Doretta, O.S.F.; Helen A. MacFelley, Camden, N. J.; Marie P. Connolly, Towanda; Mary A. Kelly, Philadelphia; James W. McMonagle, Philadelphia; Anna E. Wolford, Hanover; Rose A. Dorrian, Philadelphia.

An announcement is received of the School for Nurses of Parker Memorial Hospital, connected with the University of Missouri at Columbia, in that state. The hospital has a capacity of forty-five beds and receives all cases except contagious. The training school has the advantage of the corps of medical lecturers from the University and the use of its library and laboratories. The course is three years and covers the usual ground. That which is unusual is set forth in the paragraph which states: "A candidate who shows satisfactory evidence of work successfully completed elsewhere may receive credit for the time thus spent. She must have had education equivalent to that gained in a high school, and must have taken training in a reputable school for nurses. She must also show a letter from that school stating that she gave up her work in an honorable way and had a good record during her residence there." With these safeguards the experiment seems a perfectly fair one. It sometimes happens that for some perfectly legitimate reason a nurse is obliged to give up her training for a time, and there may also be a good reason why she cannot return to her former school. For such, this is an opportunity seldom found.

The graduating exercises of the head nurse class of the training school for nurses connected with Passavant Hospital, Jacksonville, Ill., were held on Tuesday evening, September 15, at the hospital.

The administrative part of the building, consisting of lecture room, offices, superintendent's room and nurses' sitting room, were thrown together and were decorated with a large flag prettily draped in the lecture room and quantities of fall flowers. The rooms were well filled with the friends of the hospital and school who spent a very pleasant social evening. Fruit punch and wafers were served.

Dr. C. E. Black, dean of the training school, after a few well-chosen words of encouragement and advice presented the diplomas, after which Alice I. Twitchell, superintendent of the hospital and training school pinned on the medals.

The graduating class numbered but five members as it had been an unfortunate one in having lost several members, one married, some were dropped for cause and others left for various reasons.

The senior class numbers eleven and the junior class will have that number when filled. The outgoing class is the last one to receive but two years' training, the term having been extended last fall to the three years required by the Illinois state law.

PRACTICAL SUGGESTIONS

TREATMENT OF TYPHOID HEMORRHAGE

BEING a constant reader of the JOURNAL, I have noticed many interesting articles written upon typhoid fever, disinfection of stools, bed linen, etc. No one has given her experience of the use of ice, either as a means of reducing temperature or applied externally to stop hemorrhage. Of course all nurses know the ice-cap to the head is an old standing remedy and nearly always a standing order. The ice-cap to the abdomen is an entirely different proposition.

I wonder if any of my sister nurses have had my experience with a case of ice-bag gangrene of the abdomen.

This patient, a woman aged fifty-two, weighing two hundred pounds, had had change of life seven years before. Of course the blood-pressure was heavy from this cause, and this partly accounts for the gangrene, all blood-vessels being congested. When I was called to the patient, she had just come from a very malarial climate and had been feeling very ill for three weeks, but tried to keep up and attend to household duties. At the beginning of the fourth week, she became so ill she had to go to bed. Her temperature did not range higher than 102°; pulse 72, 60, 52, 48, nearly all the time until the fifth week, when suddenly her pulse ran up to 128 and 130. Twelve hours after, while the patient was resting quietly, a severe hemorrhage came with such force as to go through the sheet and strike the wall, spattering the floor. Drugs, hypodermatically, had been ordered by the physician, and were given quickly, all sterile, needle perfectly sterile, skin thoroughly cleansed. Each hypodermic caused an abscess, or sloughing. I tried four methods of giving them and all acted the same. There was no absorption.

When hypodermics do not act in a case of hemorrhage in typhoid, then a nurse is at her wits' end, so many physicians object to rectal treatment in cases of hemorrhage.

The patient vomited blood by mouth, ten ounces to one pint at a time, so could not take anything by mouth. Nausea was very great. The only things that did stop bleeding were the ice-bag and high saline flush. The high flush seems to be against the usual treatment, still in this case it acted admirably. This patient had seventeen large hemorrhages, the odor so bad that one could hardly stay in the room. One can

readily understand how much the ice-bag had to be used. In spite of its use, gangrene set in and the abdominal wall sloughed out. Oh! but I was frightened for fear of peritonitis, but no complications set in, and the patient lives to tell the tale of her wonderful recovery, with hardly a scar visible.

Had this patient not had a marked idiosyncrasy against spts. turpentine in all probability there would have been no use of ice, but she simply could not take turpentine or have it administered in any form. For the benefit of those nurses who sometimes have to act in emergency here is an almost sure, simple remedy for stopping hemorrhage in typhoid: ℥vi or ℥viii tepid sterile water; ℥i spts. turpentine; 1 yolk egg, no white. Mix all together and let flow slowly through the syringe, using the small rectal nozzle. Take a towel, and use pressure to the rectum for five or ten minutes. It is so simple and its action wonderful.

I hope these few lines will help some of my sister nurses.

M. F.

Graduate Charity Hospital, New Orleans.

DISTINCTION BETWEEN HYSTERIA, NEURASTHENIA, HYPOCHONDRIA AND SIMULATION.—At a meeting of the Michigan State Medical Society, as reported in the *Journal of the American Medical Association*, Dr. Carl D. Camp, Ann Arbor, called attention to the liability of confusing these conditions and to the means of differentiating them. In hysteria there were the so-called accidents, which were transient phenomena—*e.g.*, paralysis, convulsions, emotional outbursts, etc.—and the stigmata, which were permanent manifestations—*e.g.*, concentric contraction of the visual fields, reversal of the color fields, anæsthesia of conjunctiva, pharynx or skin (not corresponding to nerve distribution), mental characteristics, etc. In neurasthenia there was always history of a mental or physical strain too great for its victim's organism to endure; the patient was fatigued in body and mind, had fatigue pains (as backache), lack of mental concentration, loss of memory, irritability and increased reflexes. There were no manifestations like the accidents or stigmata of hysteria. In hypochondria the patient believed he was ill when he was not; he attributed to himself symptoms that he had seen, heard or read about, but had no signs of hysteria or neurasthenia. In simulation, the patient had some ulterior purpose and was rarely able to carry out a well-feigned series of consistent manifestations.

BOOK REVIEWS

IN CHARGE OF
M. E. CAMERON

ESSENTIALS OF DIETETICS IN HEALTH AND DISEASE. A Text-Book for Nurses and a Practical Dietary Guide for the Household. By Amy Elizabeth Pope, Author with Anna Caroline Maxwell, of "Practical Nursing," and Instructor in the Presbyterian Hospital School of Nursing; Instructor in Dietetics in the Schools of Nursing of the New York Hospital, Mt. Sinai Hospital and the Smith Infirmary, Staten Island; and Mary L. Carpenter, Director of Domestic Science of the Public Schools, Saratoga Springs, New York. G. P. Putnam's Sons, New York and London. The Knickerbocker Press.

Those who know the earlier work of Miss Pope will anticipate in this, her latest effort, something really unusual, and well worth investigating.

The present work compares most favorably with the earlier, and forms a valuable addition to the text-books and manuals already in use in the nursing schools throughout the country. Besides being adapted to the use of nurses the authors have kept in mind the need for a useful dietary guide in the home, and also with a view to attracting the attention of the general public they have kept the book strictly to the essentials of the subject without going so deeply into chemistry or kindred sciences which are apt to scare the lay reader.

The Chapters I and II treat of food; its uses; composition and classification; and of the digestion and absorption of food, Chapter I being illustrated by simple chemical demonstrations calculated to attract and hold the attention of the reader or pupil. Chapter II gives a table of the digestive fluids with their enzymes or active principles and the action of the same. There are also tables giving the length of time required for gastric digestion, and of the comparative quantity of food principles absorbed in the various classes, *viz.*, protein, fat and carbohydrates.

In Chapter III we come to the foods themselves, beginning with milk and its derivatives and continuing through the subsequent chapters with eggs, fish, meat, and plant foods, until in Chapter VIII we come to dietaries. This chapter deals with food values in regard to the amount

of heat and energy it produces in the human body; the method of planning menus which shall furnish the requisite amount of heat and energy, and keep the whole complicated system evenly balanced and in perfect working order. Chapter IX treats of the feeding of infants; and Chapter X gives a list of dietaries suited to particular diseases. There follows a chapter on the miscellaneous subjects relating to measuring, combining ingredients, utensils, methods of cooking, adulterations of food, etc., which brings us to the end of the first part of the book—the entire second part is composed of recipes suitable for use in sickness.

Perhaps it may seem ludicrous to look for style in a text-book on dietetics but the fact remains that the book possesses a literary excellence of distinctly educational value and tending to make its reading as much for pleasure as for profit. There is a happy preservation of the balance of form and content; the book is charming reading yet no necessary fact is omitted, nor is it spoiled by masses of unessential and miscellaneous detail. The common sense of the recipes is particularly commendable; they supply all that is necessary of variety in nourishment, but there is no temptation for the nurse to change places with the chef; the mission of the book is to nourish the invalid, not to cater to the glutton or the epicure.

A Short Practice of Midwifery for Nurses, As used in the Rotunda Hospital, Dublin, for the past ten years. By Henry Jellett, B.A., M.D., F.R.C.P.I., Gynæcologist and Obstetrical Physician Dr. Steevens' Hospital; ex-Assistant Master Rotunda Hospital; Censor and Examiner in Midwifery, Royal College of Physicians, Ireland, etc. Third Edition. London: I. & A. Churchill, 7 Great Marlborough St. Philadelphia: P. Blakiston's Son & Co.

An earlier edition of this book was reviewed in this Journal two years ago. The present edition shows a tendency to come nearer to the nurses' point of view than the unrevised but there is still a great deal to be taken into account because of the special license for practice of midwifery in Great Britain. The nurse in this country is answerable to the physician in charge—in the old country there may not be a physician and the nurse in the case is answerable to the "Central Midwives' Board," which seems to concern itself more with the keeping of certain official regulations of its own, than with the character of the nursing as we understand it. There is so decided a difference in the standing of the British Midwife and the American nurse that the text-books of the former are only valuable to us as a means of reference and comparison.

CHANGES IN THE ARMY NURSE CORPS

RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR THE MONTH ENDING OCTOBER 13, 1908

BECHTLE, CARRIE, on duty at the General Hospital, Presidio of San Francisco, has successfully passed the examinations for promotion to the grade of chief nurse.

DALY, ANNIE A., transferred from Fort Bayard, New Mexico, to General Hospital, Presidio of San Francisco, Cal.

LATIMER, JUNIA HATTIE, recently arrived in the Philippines, assigned to duty at the Division Hospital, Manila.

MCKALLIP, ELSIE M., recently arrived in the Philippines, assigned to duty at the Division Hospital, Manila.

MILLIKEN, SAYRES LOUISE, graduate of the Homeopathic Hospital, Pittsburgh, Pa., 1899, and for some years in charge of Dr. Hartigan's Sanitarium, Morgantown, West Virginia, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

MOORE, MARGARET, transferred from Division Hospital, Manila, P. I., to the United States; assigned to duty at the General Hospital, Presidio of San Francisco.

PURCELL, BERTHA, transferred from General Hospital, Presidio of San Francisco, to the General Hospital, Fort Bayard, New Mexico.

SHAW, EDITH MAY, temporarily appointed acting chief nurse, Division Hospital, Manila, P. I., has successfully passed the examinations for promotion to the grade of chief nurse.

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